

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

TAMMY ALLEN, PERSONAL REPRESENTATIVE )  
OF THE ESTATE OF NORMAN ALLEN, )  
Plaintiff, )  
V. ) Case No. 1:05-CV-11463  
THE UNITED STATES OF AMERICA, )  
Defendant. )

**PLAINTIFF'S DISCLOSURE OF MEDICAL INFORMATION  
TO DEFENDANT, MICHAEL KELLY, M.D. PURSUANT TO RULE 35.1**

Now comes the plaintiff, Tammy Allen, personal representative of the Estate of Norman Allen, and pursuant to Local Rule 35.1, makes the following disclosure of medical information regarding the diagnosis, care, or treatment of Norman Allen.

Pursuant to Local Rule 35.1(a)(1), the plaintiff has requested the appropriate medical bills and will disclose an itemization of all medical expenses incurred as soon as they are received.

Pursuant to Local Rule 35.1(a)(2), the plaintiff identifies the following health care providers as having diagnosed, cared for, or treated Norman Allen.

1. **Michael Kelly, M.D.**  
308 Main Street  
PO Box 1748  
Lakeville, CO 06039
2. **David Farzan, M.D.**  
Pentucket Medical Associates  
1 Parkway  
Haverhill, MA
3. **Thomas Fazio, M.D.**  
Pentucket Medical Associates  
1 Parkway  
Haverhill, MA

4. **Liam Hurley**  
Northeast Urologic Surgery, P.C.  
198 Massachusetts Avenue  
North Andover, MA
5. **Howard P. Taylor, M.D.**  
254 Pleasant Street  
Methuen, MA 01844
6. **Julie Steckbeck, R.N.**  
Seacoast Hospice  
1039 Islington Street  
Portsmouth, NH 03801
7. Any and all medical providers at **Lawrence General Hospital, 1**  
General Street, PO Box 189, Lawrence, MA 01842-0389, including but  
not limited to:  
  
Thomas L. Fazio, M.A.  
David Farzan, M.D.  
Jonathan Mandell, M.D.  
Liam Hurley, M.D.  
Pedro Sanz-Altamira, M.D.  
John Keefe, M.D.  
Michael Giorgetti, M.D.  
Jane Williamsville, M.D.  
Liam Hurley, M.D.  
Cheryl Ennis, M.D.  
Astrid Peterson, M.D.  
Santos Shetty, M.D.  
George Kwass, M.D.
8. Any and all medical providers at **Andover Surgical Associates, Inc.,**  
140 Haverhill Street, Andover, MA 01810, including but not limited to:  
  
Jonathan Mandell, M.D.  
G. Walker, M.D.
9. Any and all medical providers at **Holy Family Hospital and Medical**  
**Center, 70 East Street, Methuen, MA 01844, including but not limited**  
**to:**  
  
Pedro Sanz, M.D.  
Liam Hurley, M.D.  
Stephen Zappala, M.D.  
G. Belzarini, R.N.

Astrid Peterson, M.D.

10. Any and all medical providers at **Merrimack Imaging**, 203 Turnpike Street, North Andover, MA 01845, including but not limited to:

Mark Belkin, M.D.  
Walther Weylman, M.D.

11. Any and all medical providers at **Boston University Medical Group**, Rheumatology Section, 720 Harrison Avenue, Boston, MA 02118, including but not limited to:

Robert Simms, M.D.  
Howard Donough, M.D.  
John Carey, M.D.

While Local Rule 35.1 (a)(2)(a) allows the defendant to inspect and copy, at the defendant's expense, all of the relevant medical records pertaining to the diagnosis, care, and treatment of Norman Allen, the plaintiff has provided the complete medical and office records of each health care provider named above.

1. Please refer to **Attachment A**, medical records from Greater Lawrence Family Health Center, including office notes and records of Michael Kelly, M.D.
2. Please refer to **Attachment B**, medical records from Lawrence General Hospital, including oncology reports and notes from Thomas Fazio, M.D. and David Farzan, M.D.
3. Please refer to **Attachment C**, medical records, including office notes, laboratory results, and radiology reports, from Pentucket Medical Associates.
4. Please refer to **Attachment D**, medical records and office notes from Andover Surgical Associates, Inc.
5. Please refer to **Attachment E**, medical records, including radiology and oncology reports, from Holy Family Hospital and Medical Center.
6. Please refer to **Attachment F**, medical records from Merrimack Imaging.
7. Please refer to **Attachment G**, medical records from Northeast Urologic Surgery, P.C.

8. Please refer to *Attachment H*, medical records, including notes, from Boston University Medical Group.
9. Please refer to *Attachment I*, medical record from Howard P. Taylor, M.D.
10. Please refer to *Attachment J*, medical record from Seacoast Hospice.

Respectfully submitted,  
The plaintiff,  
By her attorney,

/s/ William J. Thompson  
WILLIAM J. THOMPSON  
LUBIN & MEYER, P.C.  
100 City Hall Plaza  
Boston MA 02108  
(617) 720-4447  
BBO#: 559275



## **ATTACHMENT A**



# Referral Form

- ☐ 34 Haverhill Street  
Lawrence, MA 01841  
(978) 686-0090
- ☐ 150 Park Street  
Lawrence, MA 01841  
(978) 685-1770
- ☐ 130 Parker Street  
Lawrence, MA 01843  
(978) 686-3017
- ☐ 101 Amesbury Street  
Lawrence, MA 01841  
(978) 686-9701
- ☐ 233 Haverhill Street  
Lawrence, MA 01841  
(978) 681-4769

Patient Name: William Allen MR#: 127474  
 Address: 27 Bourne St D.O.B.: 11/24/77  
 City/State/Zip: Lawrence MA 01841 Date: \_\_\_\_\_  
 Referral #: 1703775 Expiration Date: \_\_\_\_\_ # of Visits: 3  
 Telephone #: 725-5827 Insurance Type: MMC

Primary Care Physician: Kelly  
 Referring Physician (if different): \_\_\_\_\_  
 Referred To: Dr. Simon Boston Medical Center  
 Diagnosis: Alzheimer's  
 Reason for Referral: SO for 1/14

Signed: [Signature] Date: 9/5/98

Specialty Provider Report of Findings: \_\_\_\_\_

Rec ↑ Amitriptyline 30mg QHS.  
? other quinine re recent disorientation @ similar

Signed: [Signature] Date: 10/26/98

**IF UNABLE TO KEEP APPOINTMENT NOTIFY SPECIALIST 24 HOURS IN ADVANCE.**

You have an appointment with: Boston Medical Center  
 Usted tiene una cita con: \_\_\_\_\_

Agency / Agencia: 818 Harrison Ave Boston MA  
 State / Estado: \_\_\_\_\_ Address / Direccion: \_\_\_\_\_ City / Ciudad: \_\_\_\_\_

Day / Dia: \_\_\_\_\_ Date / Fecha: 10-26-98 Time / Hora: @ 1:00 PM Telephone # / # de Telefono: \_\_\_\_\_

\*\*\*Please bring this referral form, your Medicaid Card or any other type of insurance card with you to this appointment.  
 If you are unable to keep this appointment you are responsible to cancel and reschedule this appointment or there may be a possibility the physician will charge you.

\*\*\*Por favor lleve este formulario, su tarjeta de Medicaid, u otro tipo de seguro, y un interprete con usted a su cita.  
 Si usted no puede cumplir con su cita. usted es responsable de cancelarla y hacer una nueva cita. Si usted no se presenta o no la cancela habra una posibilidad de que usted tenga que pagar por la misma.

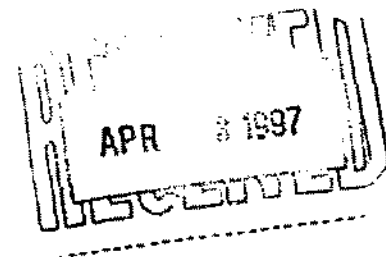
.D:03/27/97:Allen, Norman:127474P

.T:Joint pain

.PV:MK

D.O.B:Not dictated

11/24/47



S:

Norm is continuing to have worse diffuse joint pains, specifically in his wrist, one on the DCP joint of his left hand, his right elbow. These have become worse. He does have morning stiffness, which lasts about a half an hour. He also have problems where he dislocates his right shoulder. This has been a chronic problem. He is having very much difficulty sleeping still. Temazepam does not really help him. He also has some discomfort with his neck, and this adds to his difficulty sleeping.

O:

WRIST/ELBOW: Physical exam reveals no specific signs of joint disease at this time.

A&P:

1. Probable Rheumatoid Arthritis. Will change his NSA to Lodine 300 mg po tid at this point.
2. Insomnia. May be secondary to depression. Will treat with Zolof 50 mg po q day.
3. Seizures. Will continue with <sup>Nervontin</sup> Zarentin and Dilantin 500 mg q day. Will follow up in two months. Also will order and MRI of the brain for his recent seizures and for his tinnitus, which he had prior to beginning aspirin.

Michael Kelly, M.D.

T:04/01/97:MK/mtc535

PROGRESS NOTES

Page: 1

Date printed: 04/15/97

Name: NORMAN ALLEN

ID: 127474P

SEX: M AGE: 49

.D: 03/27/97

.T: Nursing Notes

The patient is a 49 yr year old male. Presenting at the Health Center today for ROUTINE VISIT. NORMAN IS C/O RINGING IN HIS EARS. HE STILL IS UNABLE TO SLEEP. HE AWAKES AT 1 AM AND CAN NOT RETURN TO SLEEP. HE ALSO STATES HE IS HAVING EXTREME JOINT PAIN WHICH HE FEELS IS WORSENING SINCE HE STARTED TAKING A MED PRESCRIBED BY DR BASU.DOES NOT KNOW THE NAME OF THE MED.

.V1: Syst BP 120 : Diast BP 84 : P. 72

Respirations are 20

.V2: T 97.9 : Height : Weight 160 LBS

These vital signs taken at 2:45 PM.

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: LODINE 300MG 1 TID , 90, Ref: 1

# SIGNED BY PAMELA MEADS (NPM)

03/27/97

.D:03/27/97:Allen,Norman:127474P

.T:Joint pain

.PV:MK

D.O.B:Not dictated

S:

Norm is continuing to have worse diffuse joint pains, specifically in his wrist, one on the DCP joint of his left hand, his right elbow. These have become worse. He does have morning stiffness, which lasts about a half an hour. He also have problems where he dislocates his right shoulder. This has been a chronic problem. He is having very much difficulty sleeping still. Temazepam does not really help him. He also has some discomfort with his neck, and this adds to his difficulty sleeping.

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3. Seizures. Will continue with Zarontin and Dilantin 500 mg q

PROGRESS NOTES

Page: 2

Date printed: 04/15/97

Name: NORMAN ALLEN

ID: 127474P

SEX: M AGE: 49

day. Will follow up in two months. Also will order and MRI of the brain for his recent seizures and for his tinnitus, which he had prior to beginning aspirin.

Michael Kelly, M.D. 

T:04/01/97:MK/mtc535

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: LODINE 300MG 1 TID , 90, Ref: 1

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 07/22/97

Name: NORMAN ALLEN

ID: 127474P

SEX:M AGE: 49

.D: 07/17/97

.T: Nursing/MD Notes

The patient is a 49 yr year old male. Presenting at the Health Center today for F/UP

ABOVE REVIEWED BY MD

PT. THINKS THAT HE HAD 2 SEIZURES SINCE HIS LAST VISIT HERE

ONE OF WHICH WAS AT HIS SONS HOUSE.

DID NOT SEE DR. GAVRILESCU

HAS A PROBLEM WITH HIS LEFT SHOULDER DISLOCATING, A CHRONIC PROBLEM, BUT IT IS HAPPENING MORE FREQUENTLY.

THE SHOULDER HAS BEEN DISLOCATING ON A DAILY BASIS.

SLEPT 5 1/2 HOURS LAST NIGHT.

USUALLY SLEEPS ONLY 3 TO 4 HOURS.

DROPS THINGS OUT OF HIS HANDS, DOES NOT FEEL THINGS.

NECK PAIN IS UNRELIEVED, HAS RINGING IN HIS EARS STILL.

SMOKES A LOT OF CIGARETTES, DRINKS A LOT OF COFFEE.

.V1: Syst BP 110 : Diast BP 70 : P. 76

Respirations are 20

.V2: T 98.0 : Height : Weight 155 LBS

These vital signs taken at 8:40 A.M. BY MARIA, MARIBEL MA.

MD EXAM DEFERRED

L SHOULDER DISLOCATIONS- X-RAY, ORTHO CONSULT

SEIZURES- CONTINUE DILANTIN, NEURONTIN

NO INDICATION TO CHECK NEURONTIN LEVELS, WILL CHECK DILANTIN LEVEL

PT. IS UNWILLING TO SEE A LOCAL NEUROLOGIST.

DEPRESSION- BEGIN PAXIL 20 QD

ARTHRITIS- CONTINUE LODINE.

F/U 2 MONTHS

Rx: NEURONTIN 300MG 1 tid , 90, Ref: 3

Rx: PAXIL 20 mg 1 qd , 30, Ref: 5

# SIGNED BY MARIA HERNANDEZ (NMH)  
# REVISED BY MIKE KELLY, MD (MK)

07/17/97  
07/17/97

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 12/09/97

Name: NORMAN ALLEN

ID: 127474

SEX:M AGE: 50

.D: 12/04/97

.T:MD/ Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for A FOLLOW UP VISIT.

NORMAN STATES THAT HIS LEFT SHOULDER DISLOCATES FREQUENTLY. SINCE HIS LAST VISIT HE ESTIMATES THAT THIS HAS HAPPENED AT LEAST 20 TIMES.

ABOVE REVIEWED BY MD

PT. STILL FEELS LIKE HE'S COMING APART, HIS LEFT SHOULDER CONTINUES TO DISLOCATE, HE SAW AN ORTHOPAEDIC DOCTOR WHO WANTED TO HAVE NORMAN GO TO THE LGH WHEN IT IS DISLOCATED TO GET AN X-RAY CONFIRMATION OF THIS.

HAS MULTIPLE COMPLAINTS OF SEVERE NECK PAIN, AND WAKES UP IN THE MORNING WITH NUMBNESS OF BOTH HANDS.

IS TAKING THE NEURONTIN, AND DILANTIN.

DROPS THINGS FROM THE RIGHT HAND.

HAS NUMBNESS IN THE DISTRIBUTION OF THE RADIAL NERVE (INCLUDING THE THUMB).

HAS GOOD AND BAD DAYS.

IS EXTREMELY TIRED.

HAS STIFFNESS MOSTLY IN THE BACK.

WAKES UP EASILY, MAY BE FROM PAIN.

THINKS OCCASIONALLY OF KILLING HIMSELF BUT HE DOES NOT TAKE IT SERIOUSLY.

.V1: Syst BP 112 : Diast BP 74 : P. 72

Respirations are 20

.V2: T 97.2 : Height : Weight 154 LBS

These vital signs taken at 3:15 PM

MD EXAM

NO THENAR WASTING, NO ARTHRITIS OF HANDS, ELBOWS, TOES

A/P

CHRONIC PAIN- FIBROMYALGIA, VS. LUPUS, . VS. RA

CHECK MULTIPLE LABS.

F/U 1 MONTH

RX WITH ZOLOFT 50 QD, ELAVIL QHS, TRY DISALCID.

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: ELAVIL 10 mg 1 qhs , 30, Ref: 1

Rx: NEURONTIN 300MG 1 tid , 90, Ref: 3

Rx: DISALCID 750mg 2 bid , 120, Ref: 5

# SIGNED BY PAMELA MEADS, LPN (NPM)

12/04/97

# REVISED BY MIKE KELLY, MD (MK)

12/04/97

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Name: NORMAN ALLEN

ID: 127474

SEX: M

Date printed: 03/04/98  
AGE: 50

.D: 02/27/98

.T: MD/ Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for A ROUTINE VISIT.

NORMAN STATES THAT HE HAS PAIN IN HIS RIGHT NECK AND IN HIS HANDS.

.V1: Syst BP 110 : Diast BP 80 : P. 72

Respirations are 18

.V2: T 97.3 : Height : Weight 157 LBS

These vital signs taken at 9

;15 AM.

ABOVE REVIEWED BY MD

PT. CONTINUES TO HAVE THE SAME COMPLAINTS. HE COULDN'T TAKE THE ZOLOFT DUE TO A RED RASH.

MD EXAM DEFERRED

LABS: ANA NEG., ESR 1, DS DNA NEGATIVE.

A/P

FIBROMYALGIA VS. CHRONIC FATIGUE SYNDROME-

WILL TRY PAXIL AGAIN.

REFER TO BOSTON MEDICAL CENTER ARTHRITIS CLINIC.

Rx: PAXIL 20 mg 1 qd , 30, Ref: 5

# SIGNED BY PAMELA MEADS, LPN (NPM)

02/27/98

# REVISED BY MIKE KELLY, MD (MK)

02/27/98



PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 05/01/98

Name: NORMAN ALLEN

ID: 127474

SEX:M AGE: 50

.D: 04/20/98

.T: MD/Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for F/U VISIT.

.V1: Syst BP 100 : Diast BP 70 : P. 68

Respirations are

.V2: T 97.5 : Height : Weight 157 LB

These vital signs taken at .

ABOVE REVIEWED BY MD

NORMAN SAW DR. SIMMS AT BOSTON UNIVERSITY MEDICAL CENTER WHO APPARENTLY ALSO FEELS THAT HE HAS FIBROMYALGIA, AND INCREASED THE PAXIL BY 10 MG QD, AND RECOMMENDED PT, AND SEEING A PSYCHIATRIST. NORMAN FEELS THE SAME AT THIS POINT. HIS MEDS ARE PAXIL 30 QD, DILANTIN 500 QD, NEURONTIN 300 BID, AND DISALCID 750 2 BID.

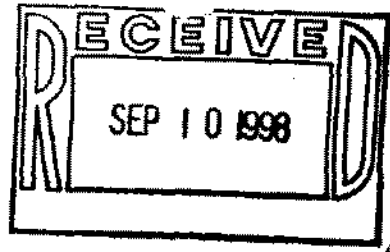
EXAM DEFERRED

A/P

FIBROMYALGIA- PT, F/U 3 MONTHS.

# SIGNED BY JACKIE LEBRON, MA (NJL)  
# REVISED BY MIKE KELLY, MD (MK)

04/20/98  
04/20/98



.D:09/03/98:Allen,Norman:127474  
.T:Questions about treatment.  
.PV:MK  
D.O.B:

S:The patient first wants to know if he needs to be on the Neurontin and why he is on that. He happens to be on it for a seizure disorder. He also needs a referral for Dr. Symmes. He states he is still having the same problems, not being able to sleep well. He gets irritated frequently and reports now getting a swollen feeling in his neck sometimes.

O:EXAM: Deferred.

A&P:1. SEIZURE DISORDER: Continue Neurontin.  
2. FIBROMYALGIA: Continue to follow up with Dr. Symmes.

  
Mike Kelly, M.D.

D:9/3/98  
T:9/8/98:MK/mtc550 #71227

.D: 01/29/98: Allen, Norman :127474

.T: sick visit

.PV: MK

DOB: 11/24/47

S: Patient with past medical history of benign lung tumor, removed surgically 1990; seizure disorder; fibromyalgia; presents today stating that he is feeling poorly and is not sleeping well at all. Reports cough productive of black very sticky phlegm which reminds him of the cough he had prior to having his lung tumor. Also patient has some left posterior neck pain and tension headache.

**MEDICATIONS:**

Dilantin

Disalcid

Neurontin

Paxil

Elavil

O: PULSE: 68

B/P: 108/58

NECK: Neck muscles are supple. No focal tenderness.

LUNGS: Clear to auscultation & equal bilaterally.

A/P: INSOMNIA: Will add Ambien, 10mg po q.h.s.

COUGH: Treat with Augmentin, 500 t.i.d. x7 days. Check chest x-ray.

FOLLOW-UP: 2 months.

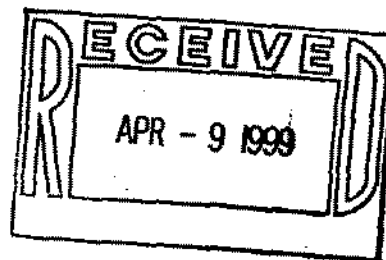
  
Michael Kelly, MD

D:01/29/99

T:02/02/99:KC

*Tape received by Transcription Dept. 02/01/99*

.D:04/06/99:ALLEN,NORMAN:127474  
.T:Follow up  
.PV:MK  
.D.O.B:11/24/47




.MP:Multiple medical problems

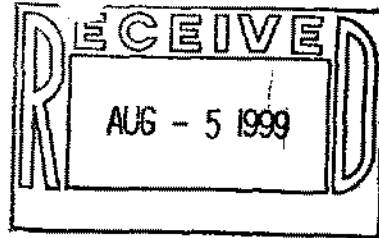
S:This patient reports he is having difficulty sleeping. He has pain of his legs. He has pain in the area of his right hip. He can walk fine with the hip. It is more when he is at rest. He feels that his ankles are pulsating. He feels that the Ambien is not working to help him sleep. He also continues with the neck pain, and he reports having frequent bowel movements, and memory problems. He continues to lose weight. He has lost six pounds since January. He is smoking 2 to 3 packs of cigarettes per day. Norman is very depressed.

O:VITAL SIGNS: Pulse 76, blood pressure 108/64.  
HEENT: PERRL, EOMI.  
NECK: Supple, no adenopathy, no thyromegaly.  
LUNGS: Clear.  
HEART: Regular rate, S1 and S2, no rubs, murmurs, or clicks.  
ABDOMEN: Benign.  
EXTREMITIES: Without any findings, no swelling, no erythema, no decreased range of motion.

A&P:1) FIBROMYALGIA: Will add Ultram PO q 6 hours to his pain regimen.

  
Mike Kelly, M.D.

D:04/06/99  
T:04/08/99:MK/mtc/510 #108030




.D:08/03/99:Allen,Norman:127474  
.T:Lower back pain.  
.PV:MK  
D.O.B:11/24/47

S:This patient states that he continues to do badly, continues to have a lot of pain in his neck and in his shoulders, and in his lower back. He saw Dr. Sims again, who changed his antidepressant. Patient does not know which medication he is now taking. He states that his worst pain is in his lower back.

O:Physical exam was deferred.

A&P:Low back pain. Will CAT scan the lower back to make sure we are not missing anything on this patient.

  
Mike Kelly, M.D.

D:08/03/99  
T:08/04/99:MK/mtc515 #128767

## SUBSEQUENT FINDINGS

2/24 called yst. re: @ RP

taking Advil - Max 1600 mg/day - 6 refil.

Pain mostly in thighs, worst neck

Rec'd - Enteric coated Aspirin 325 mg  
take 2 or 3, max 3/day

*Wally*

3-11-97 from parent to health pro

*Reflexions*

DATE: 3/27/97

AGE YR 8 BP 120/80

HGT IN WT 160 LB

T 97.9 P 72 R 20

NP HV SV BY

clo joint discomfort

See comp PRoadson

phse det

having joint pains, neck pain, not moving

chills in AM 1/2 hr

(X) RA hls

dislocates @ shoulder

(1) arm - warm & pink - AM

Arthritis - had before Aspirin.

Neurobi 300 170

Temperatures 70 01/2

phse det

NAME

Allen, Norman

D.O.B.

11/21/47

*Wally*

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Allen, Norman</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>12:30 12/9</u>
Caller & Phone#: <u>725-5227</u>	Provider: <u>Kelly</u>
Pharmacy: _____	Insurance: _____
Symptoms, Medications refills or message: <u>Medicaid forms - Dave</u> <u>wants to know if they were mailed</u> <u>or be picked up by pts before the</u> <u>12<sup>th</sup> of this month.</u>	
Instructions Given: <u>Requested Chart</u>	
Signature <u>JL (MG)</u>	

12-11-97 Report sent to PADC - M. Acers/Con.

1-21-98 Record sent to HealthPro - M. Acers/Con.

DATE 2/27/98  
 AGE YRS, BP 110/80 RV/ clo pain (R) side of neck preads  
 HGT IN WT 157 LBS and pain in hands  
 T 97 P 72 R 18

Pin in eye (L) No shiftness

Pain on neck (R) Vibe eye L-30

Meningeal problem 21st at mid-neck

Also pain back, wrist, elbow

NAME

Allen, Norman

D.O.B. 11-24-47

Norman  
 D. L. H.  
 Printed

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

DATE:

9/3/98

SV

AGE:

50

YRS BP:

108/70

Pt states that Dr. Sims

HT

IN

WT

150

Catheter? would like to

P

76

R

Know why he's on the

D

RV

SV

V

BY

neurotizing I also need

a referral to see Dr. Sims at Boston

Medical Ctr.

E. Viroth

least stop it all

gets initiated

stroke feels is not

Dated

MA

12:50 PM 09/03/98 MICHAEL KELLY MD

127474

M

11/24/47

NORMAN ALLEN

(978) 725-5225

27 BOURQUE ST.

LAWRENCE, MA 01841-0000



## SUBSEQUENT FINDINGS

1-28-99  
 AGE 183 BP 108/58  
 HT 5'10" WT 150  
 7820 68 2 30  
 P RV SV X RV

Pleurocentesis

Plethin

Disinfect

Nervatin

Pexil

Keril

① Meep

outside lung  
 HV lung operation - large tumor in back (Schind lung), benign  
 1990 Methuen, MA, had mediastinoscopy

washing of deck material

Dietrich

② post neck pain &amp; knots in HA

11:15 AM 01/29/99 MICHAEL KELLY MD

127474 M 11/24/47  
 NORMAN ALLEN (978) 725-5227  
 27 BOURQUE ST.  
 LAWRENCE, MA 01841-0000

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

ATE: 4-6-99  
 DE: YRS BP: 108/64  
 HT: IN WT: 150  
 973 P 476 H 20  
 P RV K SV BY

Pheasantu

legs 2-3 red

d sleep

pain of legs

sweet stuff

his pain

can walk fine

↓ 6 lbs since 1/99

cables protruding

had 2 drinks

Ambien not working

Movers a lot in bed

Dietrich MA

didul ultra

Nude

Frequent bowel movements

Mammary pain

08:45 AM 04/06/99 MICHAEL KELLY MD

127474

M

11/24/47

NORMAN ALLEN

27 BOURQUE STREET,

LAWRENCE, MA 01841-0000

(978) 725-5227

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

ATE: 8-3-99

GE YRS BP: 116/84

GT IN WT 152

97° P 80 R 20

P RV ☒ SV BY

Suffers from insomnia. Please

getting worse

Old pencil

low back pain, legs

Arthritis

begin other

09:22 AM 08/03/99 MICHAEL KELLY MD

127474 M 11/24/47  
 NORMAN ALLEN (978) 725-5227  
 27 BOURQUE STREET.  
 LAWRENCE, MA 01841-0000

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 7-23-99Caller & Phone: Cindy Las Provider: M.K.Pharmacy: 684-1024 Insurance: \_\_\_\_\_Symptoms, Medications refills or message: Ultram 50mg 96<sup>0</sup>~~Signature~~Instructions Given: chart requested

Signature

[Signature]on 7/20/99 - [Signature]7/29/99 Above order called in via Ultram 50mg 96<sup>0</sup> #20  
[Signature] WKNAME Allen, NormanD.O.B. 11-24-47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Allen, Norma D.O.B. 11-24-47 Date & Time: 3/23/99Caller & Phone#: Shirley COS Provider: M.K.Pharmacy: 681-9543 Insurance: \_\_\_\_\_Symptoms, Medications refills or message: Paxil 10mg tid qdCome in 30mg tab.Paxil 30mg i Tab po qd #30Instructions Given: Chart requested H Corrigan3/24/99 1129 above order phoned into COS Paxil 30mg i tab po qd #30Signature: [Signature]3-26-99pt left 3 being seen RheumatNAME Allen NormanD.O.B. 11-24-47

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>2/10/97 1:30p</u>
Caller & Phone#: <u>975-7386</u>	Provider: <u>Kelly, MK</u>
Pharmacy: _____	Insurance: _____
Symptoms, Medications refills or message: _____	
<u>No ring in ear. Extremely anxious</u>	
<u>Please call.</u>	
<u>(as he is in N.H. @ this X)</u>	
<u>2<sup>nd</sup> Wife: Cannot bring husband in today. Will bring him in Wed. If he gets worse she will bring him to ER. Please advise.</u>	
Instructions Given: _____	Signature: <u>[Signature]</u>
<u>called pt. [Signature]</u>	

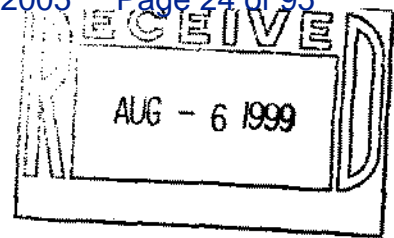
NAME

Allen, Norman

D.O.B.

11-24-47



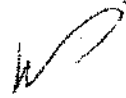


.D:08/03/99:Allen,Norman:127474  
.T:Lower back pain.  
.PV:MK  
D.O.B:11/24/47

S:This patient states that he continues to do badly, continues to have a lot of pain in his neck and in his shoulders, and in his lower back. He saw Dr. Sims again, who changed his antidepressant. Patient does not know which medication he is now taking. He states that his worst pain is in his lower back.

O:Physical exam was deferred.

A&P:Low back pain. Will CAT scan the lower back to make sure we are not missing anything on this patient.

  
Mike Kelly, M.D.

D:08/03/99  
T:08/04/99:MK/mtc515 #128767



## GREATER LAWRENCE FAMILY HEALTH CENTER

## ... SUBSEQUENT FINDINGS

## Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 11-  
 Caller & Phone#: 681-9943 Provider: ?  
 Pharmacy: CVS-Lawrence Insurance: \_\_\_\_\_  
 Symptoms, Medications refills or message: Arbutin 10mg qhs

Instructions Given: Pt has transferred to Pentucket  
Medical CVS was informed to call  
that facility Signature Alecourt

NAME

Allen, NormanD.O.B. 11-24-47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Allen Norman</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>10-19-99</u>
Caller & Phone#:	Provider: <u>M Kelly</u>
Pharmacy: <u>CVS - 6811024</u>	Insurance:
Symptoms, Medications, refills or message: <u>menstrin 300mg. P2 Bid</u>	
Instructions Given: <u>ok H601</u>	
Signature: <u>[Signature]</u>	

10/19/99 Above refills done called into CVS  
 6811024 K Kelly

11-17-99 Copy of record sent to Pentucket  
 Medical.

M. O'Leary, Corr.

NAME Allen Norman

D.O.B. 11-24-47

9/4/79 T.C. to WS - Above order given. *DeBrisson*  
" 42

NAME	Allen Norman
D.O.B.	10-28-47

Joe S. Ke

8/26/99 Above registered celebrity vs S. Law.  
written mail R. Bong Pen

GREATER LAWRENCE FAMILY HEALTH CENTER  
SUBSEQUENT FINDINGS

chart requested

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11/24/47</u> Date & Time: <u>8/11/99</u>
Caller & Phone#: <u>CVS (Lawrence)</u>	Provider: _____
Pharmacy: _____	Insurance: _____
Symptoms, Medications refills or message: <u>needs refill on</u> <u>Vitamin 50mg T96 PRN</u>	
<u>8/12/99 may refill above #30 one fill</u>	
Instructions Given: <u>K. Longano</u>	
Signature: <u>E. Anderson RN</u>	
<u>chart requested X3 E. Anderson RN</u>	

8/11/99 chart requested @ 10:25 p. — Franklyn

See  
note  
in note AK

8/12/99 above refill called into CVS pharmacy  
E. Anderson RN

NAME <u>Norman Allen</u>
D.O.B. <u>11/24/47</u>

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 8/11/99  
 Caller & Phone#: CUS 681-1024 Provider: M.K.  
2550 Hwy 41 NW  
 Pharmacy: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Symptoms, Medications refills or message: Ambien 10mg 365

not written

Instructions Given:

check her on Ambien medication

Signature

8/11/99 phoned into US

8/11/99 last filed 7/28/99 by  
Dr Kelly

will need to be by  
Dr Kelly only

will only give #10 plus OK

R. Sahar

NAME Allen, Norman

D.O.B. 11/24/47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 8/4/99 10:02Caller & Phone: David COS Sloan Provider: MikePharmacy: 681-1028 Insurance: \_\_\_\_\_Symptoms, Medications refills or message: Tramadol 300mg 7 B.I.D

#60

Instructions Given: chart requested*afjce*8/4/99 Abroad, phoned in to COS: Signature [Signature] Tramadol 300mg 7 B.I.D #60 HKNAME Allen, NormanD.O.B. 11/24/47



## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>6-28-99</u>
Caller & Phone#: <u>Chk SL 681 1024</u>	Provider: <u>M Kelly</u>
Pharmacy: <u>Chk SL 681 1024</u>	Insurance: _____
Symptoms, Medications (refills) or message: <u>Pupils 30x 7 P059</u>	
<u>#30 SNA</u>	
<u>MMH</u>	
Instructions Given: _____	
Signature: <u>[Signature]</u>	

6-28-99 Above refills called into CVS & L.  
 681 1024 [Signature]

NAME

Allen Norman

D.O.B.

11-24-47



## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>6-14-99</u>
Caller & Phone#: _____	Provider: <u>Kearney</u>
Pharmacy: <u>CVS - 681 1024</u>	Insurance: _____
Symptoms, Medications, refills or message: <u>Geniv Dilantin Phenytoin</u>	
<u>100mg 2 cap one day</u>	
<u>Dilantin 100mg TIII PO Q #150 5M</u>	
<u>mm</u>	
Instructions Given: _____	
Signature: <u>[Signature]</u>	

6-15-99 - Above refil done called at CVS 6811024  
ROS PM

NAME Allen NormanD.O.B. 11-24-47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Alan Norman D.O.B. 11/24/47 Date &amp; Time: 6/12/99

Caller &amp; Phone#: Silvia #681-1029 Provider: Constan

Pharmacy: Insurance:

Symptoms, Medications refills or message: Dilantin 100mg TTTT

QD

Instructions Given:

Signature

Evelyn [Signature]

am for Dilantin 100mg #10

Pt to call Dr. [Signature] 6/14 for further

[Signature]

6/12/99 above called into Silvia @  
 CVS pharmacy & message left = Silvia  
 who will relay same to pt. — Evelyn [Signature]

NAME

Alan, Norman

D.O.B.

11/24/47

[illegible]

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Aileen Allen</u>	D.O.B. <u>11-24-47</u> Date & Time: <u>4/26/99 9:14</u>
Caller & Phone#: <u>CJS</u>	Provider: <u>M.K.</u>
Pharmacy: <u>978-681-1624</u>	Insurance: _____
Symptoms, Medications refills or message: <u>Papil 30mg 28d # 31</u>	
Instructions Given: <u>Check requested</u>	
Signature: <u>J. Perkins</u>	

<u>Amper chair - Bodele</u> <u>4/26/99</u> <u>1223</u> <u>Above order placed into CVS Papil 30mg 28d # 31</u> <u>J. Perkins</u>	
NAME	<u>Aileen Allen</u>
D.O.B.	<u>11-24-47</u>

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u> D.O.B. <u>11/24/47</u>	Date & Time: <u>4/19/99</u> <span style="float: right;">9:47 a.m.</span>
Caller & Phone#:	Provider: <u>Kelly</u>
Pharmacy: <u>CUS - South Law</u>	Insurance: <u>780 ~</u>
Symptoms, Medications <u>refills</u> or message: <u>Salablate 120 mg</u>	
<u>11 tabs</u>	<u>Bid</u> <u>#120 SAT</u>
	<u>mm</u>
Instructions Given: <u>chart requested</u> <u>9:50 a.m.</u>	
Signature: <u>ER Jandora RN</u>	

4/21/99 T.C. to CUS - South Law.  
 pharmacist states, someone already had  
 call yesterday regarding above refill  
 ER Jandora RN

NAME Norman AllenD.O.B. 11/24/47

**संयोजक**

Phone Triage

Patient: Allen, Norman D.O.B. 11-24-47 Date & Time: 4-19-99

Caller & Phone#: \_\_\_\_\_ Provider: Kelly

Pharmacy: CVS 681-9943 Insurance: \_\_\_\_\_

Symptoms, Medications (refills) or message: Salsalate 750mg (2) tabs bid #120 sup

4/19/99 10:30 AM  
Instructions Given: Above called into CVS Pharmacy

Signature: Precounty

4/19/99 10:31  
Instructions Given: Above called into CVS Recourter

Signature Precountay

NAME

NAME	Allen, Norman
D.O.B.	11-24-47

D.O.B. 1/29/47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11/24/47</u> Date & Time: <u>12/11/98 9:29</u>
Caller & Phone#: <u>CVS 681-1024</u>	Provider: <u>Kelly</u>
Pharmacy: _____	Insurance: _____
Symptoms, Medications refills or message: <u>Dilantin 100mg T caps</u> <u>1 x qd #50</u> <u>5 pt</u> <u>MM</u>	
Instructions Given: <u>chart requested</u>	
Signature: <u>[Signature]</u>	

12/11/98 Abnerides phoned into CVS per Dr. Kelly  
 Dilantin 100mg T caps oretime qd. #150-250  
[Signature]

NAME Allen, NormanD.O.B. 11/24/47



## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

Phone Triage	
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u> Date & Time <u>10:55 11-11-98</u>
Caller & Phone#:	Provider: <u>M Kelly</u>
Pharmacy: <u>L 11/24</u>	Insurance: <u>J</u>
Symptoms, Medications (refills) or message:	
<u>Dilantin 100mg 5 tabs PO qd</u>	
<u>pt takes 500mg qd.</u>	
<u>Dilantin 100mg po 5 tabs PO qd</u>	
Instructions Given:	<u>Disp 150 8 refills</u>
	<u>F/U Dr Kelly</u>
	Signature: <u>[Signature]</u>

11/1/98 Above order called into over the counter  
Dilantin 100mg 5 tabs PO qd #150MR  
[Signature]

NAME Allen NormanD.O.B. 11-24-47

**SUBSEQUENT FINDINGS**

11-5-98 Copy of record sent to MS# 981030-200833.  
M Oweeds, Corr.

11-9-98 Copy of record sent to Disability  
Evaluation Service. M Oweeds, Corr.

NAME

D.O.B.

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

6/19/98 Pt wife dropped off a Physician Statement of Medical Necessity form to be filled at by Dr. Kelly, T.C. on 6/19/98 at 3:30pm to let pt know the form was ready to be picked-up. ~~11/19/98~~  
Pt wife said she will be picking the paper up on 6/20/98 around 9:00 A.M. ~~11/19/98~~  
A.D. Rivera MA

9-11-98 EAEDC form ready to be picked up by patient. M. Acosta, Carr

NAME Norman Allen

D.O.B. 11/24/47

## SUBSEQUENT FINDINGS

Phone Triage		D: 10 PM
Patient: <u>Allen Norman</u>	D.O.B. <u>11-24-47</u>	Date & Time <u>5-27-97</u>
Caller & Phone#: <u>975 73 86</u>	Provider: <u>[Signature]</u>	
Pharmacy: _____	Insurance: _____	
Symptoms, Medications refills or message: <u>Dis-hearing is on 6/9/97</u> <u>needs written letter before then to send in.</u>		
<u>See. Second body Scan</u>		
Instructions Given: <u>[Signature]</u>		
<p><u>[Signature]</u> <u>MK</u> <u>[Signature]</u></p> <p>Signature <u>[Signature]</u></p>		

NAME Allen NormanD.O.B. 11-24-47

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Norman Allan D.O.B. 11/24/77 Date & Time: 6/9/98 1520  
 Caller & Phone#: HFA - Exercise Program Provider: Kelly  
 Pharmacy: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Symptoms, Medications refills or message: pt. is going to  
bring a referral to continue  
p.t. pt. being Rx: Fibromyalgia  
I'll be back Thursday to sign it.  
mm  
 Instructions Given: chart requested 1530  
 Signature ERlandora RN

6/9/98 1620 T.C. to pt. to bring referral for  
p.t. at HFA pt. is going to bring referral on  
6/11/98 A.M. ————— ERlandora RN

NAME Norman AllanD.O.B. 11/24/77

## SUBSEQUENT FINDINGS

DATE 5-27-97  
 AGE 58 YRS BP 98/108  
 HGT 5'8" IN WT 153 LB  
 T 984 P 108 R 30

Sig 5/22 R'd LGH

dict. on G. rate

MPK

✓ AR9.

7-16-97 Ann sent to LRS

# 97062370397

*[Signature]*

DATE: 7-10-97  
 AGE 60 YRS BP: 110/70  
 HGT 5'8" IN WT 135 LB  
 T 980 P 76 R 30  
 NP 6W SV BY

dict. G. rate

MPK

NAME

Allen, Norman

D.O.B. 11-24-47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

DATE: 4/20/98 F/u visit. JLM

AGE YRS BP: 100/70

HT IN WT 157

P 99.5 P 68 R

P (RV) SV BYJH

Pail 30 60

Mr. Dr. Dennis ↑ Pail by 10

fla. Alas, mt, Pyloric?

Pail 30 60

no movement

Numb 300, 100

Numb Dr. Dennis

Dish Lp  
ML

Pail 300, 2 100

NAME	Allen Norman
D.O.B.	11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

3-5-98 Copies to billing for pt. appt. macedo/ko

NO SHOW W/ *M*

APR - 3 1998

FILE/RESCHEDULE W/

NAME

D.O.B.



## SUBSEQUENT FINDINGS

12/14/97

112 74

154

90

②

Shoulder dislocates

Wreg

"20 X's since last visit."

Pender

Dist. Corp

MHA

NAME

Allen, Norman

D.O.B.

11-24-47

## SUBSEQUENT FINDINGS

DATE: 1-31-97

AGE 48 YRS BP: 120/80

HGT 5' 7.8" IN WT 154 LB

T 97.8 P 86 H 20

NP RV ☒ SV ☐ BV ☐PT STATES he had a seizure  
on 1-23-97.

NOT SLEEPING

95 EKG nl

MRI nl

Shed up + skid Lungs = positive

100  
↓  
400 lbs

No effect c Ambien

P.S.?

Vicki Lynch

10/1/96

NAME Allen

Norman

D.O.B. 11-24-47

**SUBSEQUENT FINDINGS**

3-4-97 from (EADC) mailed to DTA  
R. J. Jones

NAME

Allen, Norman

D.O.B.

11/24/47

## GREATER LAWRENCE FAMILY HEALTH CENTER

## SUBSEQUENT FINDINGS

## Phone Triage

Patient: Allen, Norman D.O.B. 11/24/47 Date & Time: 4/14/98 9:23Caller & Phone#: Ruth Allen 725.5227 Provider: Dr. KellyPharmacy: CVS Bway 681-5943 Insurance: So. Va.Symptoms, Medications refills or message: Dilantin 100mg 2 tabsIII PO QD ALSO BRT 172Computer shows #150 232 usually givenInstructions Given: Chart requested - caller instructedto call pharmacy for refillsSignature: [Signature]4/14/98 Above order phoned into CVS. [Signature]NAME Allen, NormanD.O.B. 11/24/47

## SUBSEQUENT FINDINGS

4-8-97 from forward to DR  
 JE 97031130431 *[Signature]*

Phone Triage		830AM
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u>	Date & Time: <u>4/11/97</u>
Caller & Phone#: <u>975-7386</u>	Provider: <u>Kelly</u>	
Pharmacy: _____	Insurance: _____	
Symptoms, Medications refills or message: <u>med. for depression</u>		
<u>No allergy reaction to Zoloft every</u>		
<u>time that he takes the medication</u>		
<u>rash and itching on all body</u>		
Instructions Given: <u>Stop medication.</u>		
Kelly - may 9. next appt available		Signature: <u>[Signature]</u>

4/11/97 Pts wife was called advised that he  
 can come for a sick visit for evaluation  
 tomorrow morning because pt is out of state.  
*[Signature]*

NAME

Allen, Norman

D.O.B.

11/24/47



☒ 34 Haverhill Street  
Lawrence, MA 01841  
(978) 686-0090  
Fax (978) 687-1947

☐ 150 Park Street  
Lawrence, MA 01841  
(978) 685-1770  
Fax (978) 682-5787

☐ 130 Parker Street  
Lawrence, MA 01843  
(978) 686-3017  
Fax (978) 685-4280

☐ 101 Amesbury Street  
Lawrence, MA 01841  
(978) 686-9701  
Fax (978) 975-1215

## MEDICAL RECORD RELEASE AUTHORIZATION

PLEASE PRINT ALL INFORMATION

NAME: NORMAN ALLEN S.S.# 005-464086 D.O.B.: 11-24-47  
ADDRESS: 27 Bourque Street Lawrence MA TEL #: 7255227

I authorize and request the release of the medical records obtained in the course of my treatment at (name of health care facility).

**GREATER LAWRENCE FAMILY HEALTH CENTER, INC.**  
**PATIENT ACCOUNTS & REFERRALS**  
**34 HAVERHILL ST. FIRST FLOOR**  
**LAWRENCE, MA. 01841-2884**

And furnish my medical records to:

DR FARZAN  
Pentaceter Medical Associates  
203 TURNPIKE ST. 16th ANTOVE MA 01845

The specific information to be released is:

<input checked="" type="checkbox"/> Complete Record	<input type="checkbox"/> Surgical Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> Nurses Notes	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Other, specify: _____	

If my initials appear here, \_\_\_\_\_, I specifically authorize the release of drug/alcohol abuse, HIV/AIDS, family planning, and/or psychiatric records. Specify: \_\_\_\_\_

I have carefully read and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above information about, or medical records of my condition to those persons or agencies named above. I understand that any records released to the above-named person or agency will be kept confidential and will not be released without my specific authorization.

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

This authorization to release information expires ninety (90) days from today's date of: 11/4/99

Signature: Norman Allen

Witness: M. Taveras

Relationship to Patient: Wife

I Norman Allen Give my wife  
Ruth Allen Permission for Release of my  
Medical Records

Sign - Norman Allen

DATE 11-3-99

Allen, Norman  
11-24-97

Dr. Kelly

6-4-97

Norman Allen went to the DB's that you recommended Dr. Davileau - Neurology & he is in with Dr Basu, Norman did see him before he was the one that prescribed the Neurontin & also didn't know much that was going on & also Norman didn't understand him & does not like him, so when he had realized, when he got there who it was - he would NOT go in & I didn't call because I don't know what to say to them, because he will NOT go. Maybe you could recommend someone else, I don't know what else to do. You have our phone # & address if you want to reply.

~~11/24/97~~

Thank you very much  
Rint Allen



Date: 3/24/97

Dear Provider,

Our Medical Records Department has received a request that  
Norman Allen's 11 124 197 Record(s) Report  
 be released to: \_\_\_\_\_ (Request attached)

Please indicate which portion of the record should be copied and released:

Left SideAllSpecify(dates)

Correspondence

Off Site Medical Records

Hospitalizations

Data Base, Flow Sheet, Family Profile

Right Side

Progress Notes

Social Service

Laboratory

Radiology

Prenatal Record


Cardiac/Audio

Consults

Other: \_\_\_\_\_

I have checked the record to be sure all CONFIDENTIAL information that would require special release is so stamped and accept the responsibility if nonmarked CONFIDENTIAL information is copied and released.

\_\_\_\_\_ Need patient's signature on file for release of confidential information.

 3/24/97  
 Provider's Signature Date



## General Instructions to Medical Providers for Completing an EAEDC Medical Report Form

Massachusetts Department of Public Welfare

①

### Physicians:

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

**Disability:** A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
  - (a) substantially reduces or eliminates the patient's ability to support him- or herself when consideration is given to his or her functional capacity, age, education and work experience; or
  - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
  - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix I.

### Important

- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-851-2681.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular Medicaid Provider Number when submitting invoices for these services.



**Emergency Aid to the Elderly, Disabled  
and Children Medical Report**  
Massachusetts Department of Public Welfare

Dr. Kelly. Crook Lawrence Family Health Center

Physician/Community Health Center

(508) 686-0090

Telephone Number

34 Haverhill St., Lawrence MA 01810

Address (Street, City/Town/State/ZIP)

Physicians: This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Richard Kaplan

Worker's Name (please print)

Lawrence

Local Welfare Office

15 Union St Lawrence, MA 01840

Address (Street, City/Town/State/ZIP)

by 1/1

Call 1-800-851-2681 with any questions you may have regarding the completion of this report.

Norman G. Allen 11/24/47 005-46-4086

Patient's Name (please print)

Date of Birth

Social Security Number

27 Bourque St Lawrence, MA 01843

Complete Address (Street, City/Town/State/ZIP)

725-3579  
Telephone Number

Does the patient speak and read English? ☒ yes ☐ no If no, contact to interpret.

Name

Telephone Number

Relationship

**For Department Use Only**

- ☐ Applicant ☐ Recipient  
☐ Applicant - exam over 30 days ago  
☐ Additional Information  
☐ Additional information for appeal scheduled on    /   /     
☐ Additional information for appeal held on    /   /     
☐ SSI application filed    /   /     
☐ MADA application filed    /   /

**MRT Disposition**

- Date Received    /   /     
Date Due    /   /     
☐ Meets/Equals medical standards (disabled)  
☐ Meets/Equals SSI Listing of Impairments (disabled)  
☐ Meets vocational standards (disabled)  
☐ Does not meet medical/vocational standards (not disabled)  
If disabled, duration      
☐ Impairment result of accident/injury

MRT Signature(s)

**C. Standards**

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (O), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

- |  |     |  |     |
|--|-----|--|-----|
| <input type="checkbox"/> Musculoskeletal System    | (A) | <input type="checkbox"/> Endocrine System                                    | (I) |
| <input type="checkbox"/> Special Senses & Speech   | (B) | <input type="checkbox"/> Multiple Body System                                | (J) |
| <input type="checkbox"/> Respiratory System        | (C) | <input checked="" type="checkbox"/> Neurological System                      | (K) |
| <input type="checkbox"/> Cardiovascular System     | (D) | <input type="checkbox"/> Mental Disorder                                     | (L) |
| <input type="checkbox"/> Digestive System          | (E) | <input type="checkbox"/> Immuno-suppressive Disorder                         | (M) |
| <input type="checkbox"/> Genitourinary System      | (F) | <input type="checkbox"/> Neoplastic Diseases                                 | (N) |
| <input type="checkbox"/> Hemic & Lymphatic Systems | (G) | <input type="checkbox"/> Medically Equivalent/<br>Combination of Impairments | (O) |
| <input type="checkbox"/> Skin                      | (H) |  |     |

If the SSI Listing of Impairments was referenced, please cite impairment(s)

*Conclusive Burden*

**D. Medically Equivalent/Combination of Impairments**

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of Impairments, explain below.



**D. Treatment**

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration

**E. Medication**

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
<i>Albuterol</i> <i>Nasunin</i>	<i>500 mg</i> <i>1 gram</i>	<i>bid</i>	

**Part III — Assessment of Functional Capacity**  
(complete A and B as appropriate)

**A. Physical Activities**

Indicate if patient can sustain the following activities on a regular basis.

<b>1. Patient:</b>				
can walk:	<input type="checkbox"/> no restrictions	<input type="checkbox"/> less than 100 ft.	<input checked="" type="checkbox"/> about 500 ft.	<input type="checkbox"/> 1/4 mile
can stand daily for: (with breaks every two hours)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input checked="" type="checkbox"/> 4 hours	<input type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can sit daily for: (with breaks)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input checked="" type="checkbox"/> 4 hours	<input type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can stand and sit intermittently for <u>4</u> hours (with breaks)				
can bend/stoop (how often per day)	<input type="checkbox"/> constantly	<input type="checkbox"/> frequently	<input checked="" type="checkbox"/> occasionally	<input type="checkbox"/> never
has a significant restriction of	<input type="checkbox"/> arms <input type="checkbox"/> legs	<input type="checkbox"/> reaching <input type="checkbox"/> gross motor	<input type="checkbox"/> handling <input type="checkbox"/> fine motor	<input checked="" type="checkbox"/> none <input type="checkbox"/> manipulation
can reasonably be expected to	lift frequently <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift 10 lbs.	lift/carry occasionally <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.		
<b>2. Other restrictions, if any, on physical or daily living activities</b>				

**B. Mental Activities**

Indicate if patient can sustain the following activities on a regular basis.

Activities	No limitations	Slightly limited	Moderately limited	Markedly limited
1. Patient has the ability to:				
a. remember and carry out simple instructions			/	
b. maintain attention and concentration in order to complete tasks in a timely manner			/	
c. make simple work-related decisions			/	
d. interact appropriately with co-workers and supervisors			/	
e. work at a consistent pace without extraordinary supervision			/	
f. respond appropriately to changes in work routine or environment			/	

2. What is the overall effect of the patient's medication on the above activities?

Comments

Print Physician's Name

Telephone Number

Complete Address (Street/City/Town/State/ZIP)

Physician's Signature

Date

\*Medicaid Provider Number

\*If this medical exam is given in a community health center, the community center's Medicaid Provider Number is to be used.

You will be contacted if the Department's medical review team has questions about this medical report. It is important to respond to all medical review team inquiries.

**Part II – Clinical Information****A. Diagnosis/Findings**

For examples of the types of clinical details needed, refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.

Diagnosis	Supporting Symptoms	Pertinent Findings	Supportive Diagnostic Tests and Dates of Findings
Primary <i>Seizures</i>	<i>Seizures</i>	<i>(15)</i>	<i>(4) EEG</i>
Onset date <i>1/1/?</i>			
Date of Dx <i>1/1/?</i>			
Secondary			
Onset date <i>1/1/</i>			
Date of Dx <i>1/1/</i>			
Other			
Onset date <i>1/1/</i>			
Date of Dx <i>1/1/</i>			

Patient's height \_\_\_\_\_ weight \_\_\_\_\_ blood pressure \_\_\_\_\_

Are any of these conditions a result of an accident or injury? ☐ Yes ☐ No

Have you examined or treated this patient before? ☐ Yes ☐ No

**B. Medical/Psychiatric History**

Include hospitalizations and/or substance abuse history within the past five years. List facilities, dates and reasons for admission(s).

*None*

**C. Additional Impairment(s)**

Does the patient have any other impairment(s) that may affect the patient's ability to work? If so, list the impairment(s) and if you know the physician who diagnosed or treated the patient for it, provide the physician's name, address and telephone number.

**Authorization to Release Information**

I hereby authorize the release of the medical/psychiatric information requested in this medical report, in writing or by telephone or fax, to the Massachusetts Department of Public Welfare and/or its medical review team.

*Norman Allen*  
Signature

13097  
Date

(A photocopy of this authorization may be substituted for the original.)

**Important:** If this medical report contains information regarding tests for the presence of HTLV-III antibody or antigen, the health care provider must obtain a written informed consent for the release of such information pursuant to Massachusetts General Law Chapter III Section 71.

**Part I – Conclusions****A. Disability**

1. ☐ no physical and/or mental impairment(s) affecting ability to work
2. ☐ has a physical and/or mental impairment(s) affecting ability to work which is not expected to last sixty (60) days or more
3. ☒ has a physical and/or mental impairment(s) that meets or is equivalent to the Department's Medical Standards or the SSI Listing of Impairments and is expected to last:
  - ☐ 60 to 90 days ☐ 3 to 6 months ☐ 6 to 12 months ☒ more than one year
4. ☐ has a physical and/or mental impairment(s) that does not meet the Department's Medical Standards or the SSI Listing of Impairments, but does affect ability to work and is expected to last:
  - ☐ 60 to 90 days ☐ 3 to 6 months ☐ 6 to 12 months ☐ more than one year

**B. Examination Date**

1. Date of most recent examination 1/31/97 (should be within 30 days of date of report).
2. Is the patient's condition chronic and no improvement is expected? ☒ Yes ☐ No

(See page 3 for standards)



THE COMMONWEALTH OF MASSACHUSETTS  
DISABILITY DETERMINATION SERVICES DIVISION  
110 Chauncy Street - Boston, MA 02111  
Kasper M. Goshgarian, Deputy Commissioner

March 11, 1997

Michael Kelly M.D.  
Greater Lawrence Family H.C.  
34 Haverhill Street  
Suite C & D  
Lawrence, MA 01841

RE: Norman G Allen  
27 Bourque St 1st Flr  
Lawrence, MA 01843

DOB: 11/24/47  
SSN: 005-46-4086

Dear Michael Kelly M.D.:

Your patient has applied for Social Security Disability benefits.

We ask your help in supplying us with medical information which will be used with other evidence to decide if your patient is eligible for benefits.

To make this decision, we will need the following information:

1. A history of impairment(s), diagnosis and prognosis.
2. Objective findings based on clinical signs, physical exam(s), supporting tests and other data.
3. Description of the prescribed treating regimen and your patient's response.
4. A statement, based on your medical findings, expressing your opinion about your patient's ability, despite the functional limitations imposed by the impairment(s), to do work-related physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling; or, if the impairment is mental, mental activities such as understanding and memory, sustained concentration and persistence, social interaction, and adaption.

This information may be communicated via the enclosed medical form(s), telephoned directly to the adjudication team, or dictated through our statewide 24 hour dictation service, 1-800-442-4194. You may FAX your report and (top sheet of) invoice using 617-654-7477. Make sure you include your patient's name and Social Security number. If additional information is needed, we may call.

We are authorized to pay \$15.00 for your report. If it is received within 15 days, we will pay an additional \$10.00.

If we need additional information, would you be willing to perform an examination and/or laboratory testing? If you are willing or have any questions, call me at (617) 654-7547 between 9:00 A.M. and 4:00 P.M. during the week or use our toll free number 1-800-882-2040.

Sincerely,

  
Eileen Daley  
Vocational Disability Examiner

Enc: Authorization, Invoice, Stamped Envelope, Seg: 0500 0521 0571

0401:055/L

THE COMMONWEALTH OF MASSACHUSETTS  
 MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICES  
 110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM  
 PV MRC 3000

## VENDOR INFO

Name: Michael Kelly M.D.  
 Address: Greater Lawrence Family H.C.  
 34 Haverhill Street  
 Suite C & D  
 Lawrence, MA 01841

## CLAIMANT INFO

Name: Norman G Allen  
 SSN: 005-46-4086 04  
 Date of Request: March 11, 1997

## PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000

Invoice Number: 970311200431

- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

\_\_\_\_\_  
 Correct Massachusetts Tax ID

\_\_\_\_\_  
 Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 20
- To be eligible for payment (Early=\$25/Reg=\$15), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.

  
 Vendor Signature

(76162A)

4.8.97  
 Date

FOR AGENCY USE ONLY:

I have received the materials and certify that the disability benefits claimant is not guilty of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Eileen Daley  
 Vocational Disability Examiner

\_\_\_\_\_  
 Date

0398:055/L

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G Allen  
005-46-4086

---

Date of first signs of illness: \_\_\_\_\_ Date you first examined patient: 1/5/91 Date you most recently examined patient: 1/31/97

*What illness?*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G Allen  
005-46-4086

Please specify information on applicable items: ARTHRITIS

Date of first signs of illness: \_\_\_\_\_ Date you first examined patient: 1/5/76 Date you most recently examined patient: 1/31/97

DIAGNOSIS (Please specify): \_\_\_\_\_

- I. Physical findings by specific joints involved (include any enlargement, heat, effusion, tenderness, stiffness, color, crepitus, pain, deformity, instability, atrophy, ROM in degrees, etc.):

*none*  
If hands are involved, can patient approximate thumb to finger tips? Yes \_\_\_\_\_ No \_\_\_\_\_ Finger tips to palm? Yes \_\_\_\_\_ No \_\_\_\_\_

II. Laboratory findings and surgical procedures:

1. X-rays (dates, findings, sources):  
*eval in progress*
2. Sed. Rate, serological tests, uric acid, ANA, etc. (dates, findings, sources):  
*⊕ Rheumatoid factor*
3. Surgical procedures performed including dates and findings (please enclose copy of operative notes):

III. Pain Factor

1. Mechanical factors which incite and relieve pain:

IV. Is assistive device used? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", can the person ambulate independently? Yes \_\_\_\_\_ No \_\_\_\_\_  
What assistive device is used and why?

V. Treatment: (include any medication and dosage)

1. Current:
2. Future:

*Advil*  
*Excedrin*

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT'S NAME AND SECURITY NUMBER: Norman G.  
005-46-4086

Please specify information on applicable items: CONVULSIVE DISORDER

Date of first signs of illness: \_\_\_\_\_ Date you first examined patient: 1/5/97 Date you most recently examined patient: 1/11/97

DIAGNOSIS (Please specify): \_\_\_\_\_

1. Type of seizure: Generalized Tonic Clonic Seizure
2. Description of seizures: (including loss of consciousness, alteration of awareness, muscle movements, etc., incontinence, automatisms, inappropriate behavior, diurnal, nocturnal, etc.)  
as above

3. Frequency of seizures in the past year: \_\_\_\_\_

4. Observed by: Physician/Nurse \_\_\_\_\_; Family Member Wife;  
Other: \_\_\_\_\_; Not Observed: \_\_\_\_\_

5. Therapy:

- A. Medication regimen: Neurobion
- B. Serial Anti-Convulsive Blood Levels:  
Date \_\_\_\_/Level \_\_\_\_; Date \_\_\_\_/Level \_\_\_\_; Date \_\_\_\_/Level \_\_\_\_  
see Dr. Ben
- C. Patient Compliance: Good ☒ Poor \_\_\_\_ Other \_\_\_\_.  
Describe: (include any idiosyncrasy in absorption or metabolic difficulties)
- D. Side effects of medication: (e.g. drowsiness, fatigue)

6. Evidence of seizures caused by substance abuse? Yes \_\_\_\_ No \_\_\_\_.  
If "yes", please describe:

7. EEG findings and date: (include copy of EEG, if available)

DBK, focal spike + wave activity

8. Describe any concurrent or resulting condition that may help to determine your patient's impairment and resulting restrictions:

PRINT NAME: Michael S. Kelly, MD

DATE: 3/21/97

TO BE COMPLETED BY SSA	
NUMBER HOLDER	
NORMAN ALLEN	
SOCIAL SECURITY NUMBER	
005-46-4086	
EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)	

**AUTHORIZATION FOR SOURCE TO RELEASE  
INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**INFORMATION ABOUT MEDICAL OR OTHER SOURCE-PLEASE PRINT, TYPE, OR WRITE CLEARLY**

NAME AND ADDRESS OF SOURCE (Include Zip Code)	RELATIONSHIP TO DISABLED PERSON
---	---------------------------------

**INFORMATION ABOUT DISABLED PERSON-PLEASE PRINT, TYPE, OR WRITE CLEARLY**

NAME AND ADDRESS (if known) AT TIME DISABLED PERSON HAD CONTACT WITH SOURCE (Include Zip Code)	DATE OF BIRTH	DISABLED PERSON'S I.D. NUMBER (If known and different than SSN) (Clinic/Patient No.)
---	---------------	--

APPROXIMATE DATES OF DISABLED PERSON'S CONTACT WITH SOURCE (e.g. dates of hospital admission, treatment, discharge, etc)

**TO BE COMPLETED BY DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF**

**GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN  
ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH  
SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS SECTION 4132.**

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, or human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or tests for HIV;
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

**READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.**

SIGNATURE OF DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF		RELATIONSHIP TO DISABLED PERSON (if other than self)	DATE
X Norman Allen		Self	3/11/97
STREET ADDRESS		TELEPHONE NUMBER (Area Code)	
27 BOURQUE ST		508 682-6479	
CITY	STATE	ZIP CODE	
Worcester	MA	01843	
The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by the Social Security Administration, but without it the source may not honor this authorization.			
SIGNATURE OF WITNESS		STREET ADDRESS	
[Signature] CR		Worcester SSA office	
CITY	STATE	ZIP CODE	





HEALTHPRO/UNITED HEALTHCARE SERVICES, INC.  
ONE RESEARCH DRIVE  
P.O. BOX 5086  
WESTBOROUGH, MA 01581

Date: 02/26/97  
Re: NORMAN G. ALLEN  
Addr: 27 BOURQUE STREET

LAWRENCE, MA 01843  
DOB: 11/24/47  
SSN: 005-46-4086  
HP ID: 62-12-918 /397

DR. M. KELLY  
LAWRENCE FAMILY HEALTH CENTER  
34 HAVERHILL ST.  
LAWRENCE, MA 01810

Your patient is applying for Emergency Aid to the Elderly, Disabled and Children through the Massachusetts Department of Transitional Assistance with the stated impairments of:

CONVULSIVE DISORDER. CLIENT STATES ANXIETY, BODY PAINS, SHOULDER DISLOCATION, MEMORY LOSS.

HealthPro has been contracted by the Department to conduct the disability review of your patients application. Please send copies of the following, including dates of the appropriate tests:

- Evidence of joint instability
- Evidence of significant loss or injury which prohibits function of an upper or lower extremity
- EEG interpretations
- Serum anti-convulsive medication levels
- Evidence of significant disorganization of motor function in one or more extremities?
- Evidence of disturbance in gait, gross motor, fine motor or handling
- A clinically detailed description of typical seizure pattern, including all associated phenomena
- Frequency of seizures
- Date of last seizure
- Epilepsy daytime or nocturnal episodes?

- Clinical objective evidence of mental status abnormalities with diagnosis
- Is patient markedly impaired in ADL, social functioning, ability to think and/or concentrate and is decompensating in work or work-like setting
- Describe specific objective signs/symptoms of mental disorder
- Evidence of generalized persistent anxiety
- Evidence of motor tension, autonomic hyperactivity, apprehensive expectation and/or vigilance & scanning
- Evidence of a persistent irrational fear of a specific object, activity or situation
- Functional capacity evaluation/physical-RFC enclosed
- Functional capacity evaluation/mental-RFC enclosed

You may respond in any of the following ways:

Mail the requested information to HealthPro at the address above;

Call the case examiner at 1-800-851-2681;

Examiners are available during the hours of 8:00 AM to 4:00 PM;

A message may be left for the examiner during non-business hours by dialing the number shown above and using the extension ;

FAX number (508) 366-3113 is available for your convenience.

Sincerely,

DIANE LUCHINI, R.N.

\*\*\*\*\*  
\* M.G.L. C.112 Sec. 12CC requires that copies of a patient's  
\* medical record be provided, at no fee, within 30 days of the  
\* request for any federal or state needs based program. EAEDC  
\* is such a program, and your cooperation is greatly appreciated.  
\*\*\*\*\*



NORMAN ALLEN  
27 BOURQUE STREET  
LAWRENCE MA 01843  
DOB: 11/24/47 SSN: 005464086  
HealthPro ID: 6212918

## Department of Transitional Assistance EAEDC Program

Applicant/Recipient Name: \_\_\_\_\_

### PHYSICAL RFC WORKSHEET

Patient can walk daily:

☐ no restriction ☐ less than 100 ft. ☒ about 500 ft. ☐ 1/4 mile

Patient can stand daily (with breaks every two hours) for:

☐ 8 hours ☐ 6 hours ☐ 4 hours ☒ 2 hours ☐ less than 1 hour

Patient can sit daily (with breaks) for:

☐ 8 hours ☐ 6 hours ☐ 4 hours ☐ 2 hours ☐ less than 1 hour

Patient can stand and sit intermittently (with breaks) for \_\_\_\_\_ hours.

Patient can bend/stoop (how often per day):

☐ constantly ☐ frequently ☒ occasionally ☐ never

Patient has a significant restriction of:

☐ arms ☐ legs ☐ reaching ☐ none  
☐ handling ☐ gross motor ☐ fine motor ☒ manipulation

Patient can reasonably be expected to:

Lift Frequently

☐ 10 pounds ☒ 20 pounds  
☐ 50 pounds ☐ no limit  
☐ cannot lift 10 pounds

Lift/Carry Occasionally

☐ 10 pounds ☒ 20 pounds  
☐ 50 pounds ☐ no limit  
☐ cannot lift/carry 10 pounds

Other restrictions, if any, on physical activities or activities of daily living. (Include the effects of pain)

### MENTAL RFC WORKSHEET

Activities	No Limitation	Slightly Limited	Moderately Limited	Markedly Limited
Ability to remember and carry out simple instructions				
Ability to maintain attention and concentration				
Ability to make simple work related decisions				
Ability to interact appropriately with co-workers & supervisors				
Ability to work at a consistent pace without extra supervision				
Ability to respond appropriately to changes in work routine				
The overall effect of the patient's medication on the above activities				

Comments:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

UNITEDhealthcare™

10/17/96

## Part VII—Other Treating Sources

Please identify below any other doctor(s), hospital(s), clinic(s) or outpatient department(s) where you have received care.

<u>DR Michael Kelly</u>		<u>686 0090</u>
Name of doctor, hospital, clinic or outpatient department		Telephone number
<u>34 Haverhill St</u>	<u>Lawrence MA</u>	<u>01841</u>
Street address	City/Town	State/ZIP
Date(s) seen	Reason for visit	
<u>1/31/97</u>	<u>SEIZURES - CANNOT Remember dates other</u>	
<u>1/23/97</u>	<u>DATE OF LAST SEIZURE LAW GENERAL</u>	
<u>1/1</u>		
<u>1/1</u>		

I hereby authorize the release of my medical/psychiatric information requested, in writing, by phone or fax, to the Department of Transitional Assistance and/or its medical review team.

Norman Allen

Signature

2/7/97

Date

(A photocopy of this authorization may be substituted for the original.)

1

HEALTHPRO/UNITED HEALTHCARE SERVICES, INC.  
ONE RESEARCH DRIVE  
P.O. BOX 5086  
WESTBOROUGH, MA 01581

Date: 12/23/97  
Re: NORMAN ALLEN  
Addr: 27 BOURQUE ST

LAWRENCE, MA 01843  
DOB: 11/24/47  
SSN: 005-46-4086  
HP ID: 63-10-641 /307

MICHAEL KELLEY, MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

*Full to bill.  
Please copy chat  
and mail with  
the enclosed form  
mjk*

Your patient is applying for Emergency Aid to the Elderly, Disabled and Children through the Massachusetts Department of Transitional Assistance with the stated impairments of:

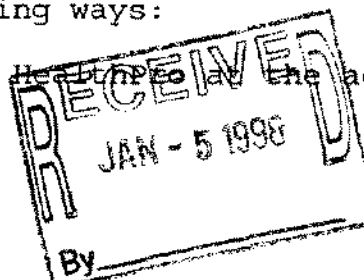
FIBROMYALGIA, EPILEPSY; APPLICANT ALSO REPORTS  
FEAR, ANGER, POOR MEMORY, SHOULDER DISLOCATION, BACK & JOINT  
PAIN, DEPRESSION, AND SOCIAL ISOLATION.

HealthPro has been contracted by the Department to conduct the disability review of your patients application. Please send copies of the following, including dates of the appropriate tests:

- Clinical objective evidence of mental status abnormalities with diagnosis
- Psychological testing and evaluation
- Evidence of marked difficulties in maintaining social functioning
- Consultation notes including psychiatric consultation
- History & physical, diagnosis, treatment plan, functioning capacity, prognosis, and any test results that support findings
- Functional capacity evaluation/physical-RFC enclosed
- Functional capacity evaluation/mental-RFC enclosed

You may respond in any of the following ways:

Mail the requested information to HealthPro at the address above;



2

Call the case examiner at 1-800-851-2681;

Examiners are available during the hours of 8:00 AM to 4:00 PM;

A message may be left for the examiner during non-business hours by dialing the number shown above and using the extension 4046;

FAX number (508) 366-3113 is available for your convenience.

Sincerely,

PATRICIA CARROLL, R.N.

\*\*\*\*\*  
\* M.G.L. C.112 Sec. 12CC requires that copies of a patient's \*  
\* medical record be provided, at no fee, within 30 days of the \*  
\* request for any federal or state needs based program. EAEDC \*  
\* is such a program, and your cooperation is greatly appreciated. \*  
\*\*\*\*\*

# Department of Transitional Assistance EAEDC Program

Applicant/Recipient Name: \_\_\_\_\_

NORMAN ALLEN  
27 BOURQUE ST.  
LAWRENCE MA 01843  
DOB: 11/24/47 SSN: 005464086  
HealthPro ID: 6310641 Examiner: 307

## PHYSICAL RFC WORKSHEET

Patient can walk daily:

☐ no restriction    ☐ less than 100 ft.    ☒ about 500 ft.    ☐ 1/4 mile

Patient can stand daily (with breaks every two hours) for:

☐ 8 hours    ☐ 6 hours    ☒ 4 hours    ☐ 2 hours    ☐ less than 1 hour

Patient can sit daily (with breaks) for:

☐ 8 hours    ☐ 6 hours    ☒ 4 hours    ☐ 2 hours    ☐ less than 1 hour

Patient can stand and sit intermittently (with breaks) for \_\_\_\_\_ hours.

Patient can bend/stoop (how often per day):

☐ constantly    ☐ frequently    ☒ occasionally    ☐ never

Patient has a significant restriction of:

☒ arms    ☒ legs    ☐ reaching    ☐ none  
☒ handling    ☐ gross motor    ☐ fine motor    ☐ manipulation

Patient can reasonably be expected to:

Lift Frequently

☒ 10 pounds    ☐ 20 pounds

☐ 50 pounds    ☐ no limit

☐ cannot lift 10 pounds

Lift/Carry Occasionally

☒ 10 pounds    ☐ 20 pounds

☐ 50 pounds    ☐ no limit

☐ cannot lift/carry 10 pounds

Other restrictions, if any, on physical activities or activities of daily living. (Include the effects of pain)

## MENTAL RFC WORKSHEET

Activities	No Limitation	Slightly Limited	Moderately Limited	Markedly Limited
Ability to remember and carry out simple instructions			<input checked="" type="checkbox"/>	
Ability to maintain attention and concentration			<input checked="" type="checkbox"/>	
Ability to make simple work related decisions			<input checked="" type="checkbox"/>	
Ability to interact appropriately with co-workers & supervisors			<input checked="" type="checkbox"/>	
Ability to work at a consistent pace without extra supervision			<input checked="" type="checkbox"/>	
Ability to respond appropriately to changes in work routine			<input checked="" type="checkbox"/>	
The overall effect of the patient's medication on the above activities			<input checked="" type="checkbox"/>	

Comments:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

1/20/98

## Part VII—Other Treating Sources

Please identify below any other doctor(s), hospital(s), clinic(s), or

facility(ies) where you have received care.

1. Dr Michael Kelley + 686-0090-65144  
 Name of doctor, hospital, clinic or outpatient department Telephone number  
34 Hancock St Lawrence MA 01841  
 Street address City/Town State/ZIP

Date(s) seen	Reason for visit
<u>1/3/1997</u>	<u>CK up + med's</u>
<u>3/27/1997</u>	<u>Not feeling well CK up</u>
<u>4/1/1997</u>	<u>MRI Law. Gen.</u>
<u>5/22/1997</u>	<u>Law Gen Emer. Seizure</u>

I hereby authorize the release of my medical/psychiatric information requested, in writing, by phone or fax, to the Department of Transitional Assistance and/or its medical review team.

Norman Allen 12/1/97  
 Signature Date

(A photocopy of this authorization may be substituted for the original.)





## General Instructions to Medical Providers for Completing an EAEDC Medical Report Form Massachusetts Department of Transitional Assistance

*Do Before Dec 724*

### Physicians:

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

**Disability:** A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
  - (a) substantially reduces or eliminates the patient's ability to support him- or herself when consideration is given to his or her functional capacity, age, education and work experience; or
  - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
  - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix I.

### Important

- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-851-2681.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular Medicaid Provider Number when submitting invoices for these services.



# Emergency Aid to the Elderly, Disabled and Children Medical Report

Massachusetts Department of Transitional Assistance

Physician/Community Health Center

Telephone Number

Address (Street, City/Town/State/ZIP)

**Physicians:** This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Worker's Name (please print)

Local Welfare Office

Address (Street, City/Town/State/ZIP)

by \_\_\_\_/\_\_\_\_/\_\_\_\_

Call 1-800-851-2681 with any questions you may have regarding the completion of this report.

Patient's Name (please print)

Date of Birth

Social Security Number

Complete Address (Street, City/Town/State/ZIP)

Telephone Number

Does the patient speak and read English? ☐ yes ☐ no If no, contact to interpret.

Name

Telephone Number

Relationship

## For Department Use Only

- ☐ Applicant ☐ Recipient  
☐ Applicant - exam over 30 days ago  
☐ Additional Information  
☐ Additional information for appeal scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Additional information for appeal held on \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ SSI application filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ MADA application filed \_\_\_\_/\_\_\_\_/\_\_\_\_

## MRT Disposition

- Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Due \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Meets/Equals medical standards (disabled)  
☐ Meets/Equals SSI Listing of Impairments (disabled)  
☐ Meets vocational standards (disabled)  
☐ Does not meet medical/vocational standards (not disabled)  
 If disabled, duration \_\_\_\_  
☐ Impairment result of accident/injury

MRT Signature(s)



**C. Standards**

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (O), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

- |  |     |  |     |
|--|-----|--|-----|
| <input checked="" type="checkbox"/> Musculoskeletal System | (A) | <input type="checkbox"/> Endocrine System                                    | (I) |
| <input type="checkbox"/> Special Senses & Speech           | (B) | <input type="checkbox"/> Multiple Body System                                | (J) |
| <input type="checkbox"/> Respiratory System                | (C) | <input type="checkbox"/> Neurological System                                 | (K) |
| <input type="checkbox"/> Cardiovascular System             | (D) | <input type="checkbox"/> Mental Disorder                                     | (L) |
| <input type="checkbox"/> Digestive System                  | (E) | <input type="checkbox"/> Immuno-suppressive Disorder                         | (M) |
| <input type="checkbox"/> Genitourinary System              | (F) | <input type="checkbox"/> Neoplastic Diseases                                 | (N) |
| <input type="checkbox"/> Hemic & Lymphatic Systems         | (G) | <input type="checkbox"/> Medically Equivalent/<br>Combination of Impairments | (O) |
| <input type="checkbox"/> Skin                              | (H) |  |     |

If the SSI Listing of Impairments was referenced, please cite impairment(s)

*Fibromyalgia*

*Epilepsy*

**D. Medically Equivalent/Combination of Impairments**

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of Impairments, explain below.

**D. Treatment**

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration

**E. Medication**

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
<i>Elevil, 20/44</i> <i>Motrin</i>			

**Part III — Assessment of Functional Capacity**  
(complete A and B as appropriate)

**A. Physical Activities**

Indicate if patient can sustain the following activities on a regular basis.

<b>1. Patient:</b>			
can walk:	<input type="checkbox"/> no restrictions	<input type="checkbox"/> less than 100 ft.	<input checked="" type="checkbox"/> about 500 ft.
			<input type="checkbox"/> 1/4 mile
can stand daily for: (with breaks every two hours)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours
			<input checked="" type="checkbox"/> 2 hours
			<input type="checkbox"/> less than 1 hour
can sit daily for: (with breaks)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours
			<input checked="" type="checkbox"/> 2 hours
			<input type="checkbox"/> less than 1 hour
can stand and sit intermittently for <u>4</u> hours (with breaks)			
can bend/stoop (how often per day)	<input type="checkbox"/> constantly	<input type="checkbox"/> frequently	<input checked="" type="checkbox"/> occasionally
			<input type="checkbox"/> never
has a significant restriction of	<input checked="" type="checkbox"/> arms	<input type="checkbox"/> reaching	<input type="checkbox"/> handling
	<input type="checkbox"/> legs	<input type="checkbox"/> gross motor	<input type="checkbox"/> fine motor
			<input type="checkbox"/> none
			<input type="checkbox"/> manipulation
can reasonably be expected to	lift frequently	lift/carry occasionally	
	<input type="checkbox"/> no limit	<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> no limit
	<input checked="" type="checkbox"/> 20 lbs.	<input type="checkbox"/> 10 lbs.	<input checked="" type="checkbox"/> 20 lbs.
	<input type="checkbox"/> cannot lift 10 lbs.		<input type="checkbox"/> cannot lift/carry 10 lbs.
<b>2. Other restrictions, if any, on physical or daily living activities</b>			

Date: 7/10/97

Dear Provider,

Our Medical Records Department has received a request that  
William Allen's 111 24 197 Record(s) Report  
 be released to: \_\_\_\_\_ (Request attached)

Please indicate which portion of the record should be copied and released:

**Left Side****All****Specify(dates)**

Correspondence

☐☐

Off. Site Medical Records

☐☐

Hozpitalizations

☐☐

Data Base, Flow Sheet, Family Profile

☐☐**Right Side**

Progress Notes

☐☐

Social Service

☐☐

Laboratory

☐☐

Radiology

☐☐

Prenatal Record

☐☐

Cardiac/Audio

☐☐

Consults

☐☐

Other: \_\_\_\_\_

☐☐

I have checked the record to be sure all CONFIDENTIAL information that would require special release is so stamped and accept the responsibility if nonmarked CONFIDENTIAL information is copied and released.

\_\_\_\_\_ Need patient's signature on file for release of confidential information.

MAK 7/10/97  
 Provider's Signature Date

THE COMMONWEALTH OF MASSACHUSETTS  
DISABILITY DETERMINATION SERVICES DIVISION  
110 Chauncy Street - Boston, MA 02111  
Kasper M. Goshgarian, Deputy Commissioner

June 23, 1997

RE: Norman G Allen  
27 Bourque St 1st Flr  
Lawrence, MA 01843

Michael Kelley MD  
Greater Lawrence Family Health  
34 Haverhill St.  
Lawrence, MA 01841

DOB: 11/24/47  
SSN: 005-46-4086 05  
MAU: 970623-200397

Dear Michael Kelley MD:

Your patient has applied for Social Security Disability benefits.

We ask your help in supplying us with medical information which will be used with other evidence to decide if your patient is eligible for benefits.

To make this decision, we will need the following information:

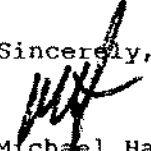
1. A history of impairment(s), diagnosis and prognosis.
2. Objective findings based on clinical signs, physical exam(s), supporting tests and other data.
3. Description of the prescribed treating regimen and your patient's response.
4. A statement, based on your medical findings, expressing your opinion about your patient's ability, despite the functional limitations imposed by the impairment(s), to do work-related physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling; or, if the impairment is mental, mental activities such as understanding and memory, sustained concentration and persistence, social interaction, and adaption.

This information may be communicated via the enclosed medical form(s), telephoned directly to the adjudication team, or dictated through our statewide 24 hour dictation service, 1-800-442-4194. You may FAX your report and (top sheet of) invoice using 617-654-7477. Make sure you include your patient's name and Social Security number. If additional information is needed, we may call.

We are authorized to pay \$15.00 for your report. If it is received within 15 days, we will pay an additional \$10.00.

If we need additional information, would you be willing to perform an examination and/or laboratory testing? If you are willing or have any questions, call me at (617) 654-7554 between 9:00 A.M. and 4:00 P.M. during the week or use our toll free number 1-800-882-2040.

Sincerely,

  
Michael Harrison  
Vocational Disability Examiner

Enc: Authorization, Invoice, Stamped Envelope, Seg: 0571

0401:057/16

THE COMMONWEALTH OF MASSACHUSETTS  
 MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICES  
 110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM  
 PV MRC 3000

## VENDOR INFO

Name: Michael Kelley MD  
 Address: Greater Lawrence Family Health  
 34 Haverhill St.  
 Lawrence, MA 01841

## CLAIMANT INFO

Name: Norman G Allen  
 SSN: 005-46-4086 05  
 Date of Request: June 23, 1997

## PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000

Invoice Number: 970623200397


- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

\_\_\_\_\_  
 Correct Massachusetts Tax ID

\_\_\_\_\_  
 Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 22
- To be eligible for payment (Early=\$25/Reg=\$15), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.

  
 Vendor Signature

(78322A)

7.16.97  
 Date

FOR AGENCY USE ONLY:

I have received the materials requested from the vendor concerning the disability benefits claimant above. I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Michael Harrison  
 Vocational Disability Examiner

\_\_\_\_\_  
 Date

0398:057/16

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G. Allen  
005-46-4086

Please specify information on applicable items: CONVULSIVE DISORDER

Date of first signs of illness: \_\_\_\_\_ Date you first examined patient: 11/5/96 Date you most recently examined patient: 5/27/97

DIAGNOSIS (Please specify): \_\_\_\_\_

1. Type of seizure: Tonic-Clonic Seizures
2. Description of seizures: (including loss of consciousness, alteration of awareness, muscle movements, ris, incontinence, automatisms, inappropriate behavior, diurnal, nocturnal, etc.)

Classical Generalized Tonic-Clonic Seizures  
loss of consciousness, etc.

3. Frequency of seizures in the past year:  
1/ every 2 months
4. Observed by: Physician/Nurse ✓; Family Member ✓;  
Other: \_\_\_\_\_; Not Observed: \_\_\_\_\_

5. Therapy:

A. Medication regimen: Neurontin / Dilantin

B. Serial Anti-Convulsive Blood Levels:

Date 9/1/96 / Level 14.1; Date 1/97 / Level 11.2; Date 5/27/97 / Level 16.4

C. Patient Compliance: Good ✓ Poor \_\_\_\_\_ Other \_\_\_\_\_.  
Describe: (include any idiosyncrasy in absorption or metabolic difficulties)

D. Side effects of medication: (e.g. drowsiness, fatigue)

6. Evidence of seizures caused by substance abuse? Yes \_\_\_\_\_ No ✓.  
If "yes", please describe:

7. EEG findings and date: (include copy of EEG, if available)

Ⓟ for spike-wave complexes

8. Describe any concurrent or resulting condition that may help to determine your patient's impairment and resulting restrictions:

SIGNATURE: Michael J. Kelly

PRINT NAME: Michael J. Kelly

DATE: 7/10/97



TO BE COMPLETED BY SSA
NUMBER HOLDER
SOCIAL SECURITY NUMBER
EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)

**AUTHORIZATION FOR SOURCE TO RELEASE  
INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**INFORMATION ABOUT MEDICAL OR OTHER SOURCE PLEASE PRINT, TYPE, OR WRITE CLEARLY**

NAME AND ADDRESS OF SOURCE (Include Zip Code)	RELATIONSHIP TO DISABLED PERSON
---	---------------------------------

**INFORMATION ABOUT DISABLED PERSON PLEASE PRINT, TYPE, OR WRITE CLEARLY**

NAME AND ADDRESS (if known) AT TIME DISABLED PERSON HAD CONTACT WITH SOURCE (Include Zip Code)	DATE OF BIRTH	DISABLED PERSON'S I.D. NUMBER (If known and different than SSN) (Clinic/Patient No.)
---	---------------	--

APPROXIMATE DATES OF DISABLED PERSON'S CONTACT WITH SOURCE (e.g. dates of hospital admission, treatment, discharge, etc)

**TO BE COMPLETED BY DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF**

**GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS SECTION 4132.**

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, or human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or tests for HIV;
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

**READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.**

SIGNATURE OF DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF	RELATIONSHIP TO DISABLED PERSON (if other than self)	DATE
<i>Norman Allen</i>		5-29-97
STREET ADDRESS	TELEPHONE NUMBER (Area Code)	
27 Bourque ST	508-682-6479	
CITY	STATE	ZIP CODE
Law.	MA	01843
The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by the Social Security Administration, but without it the source may not honor this authorization.		
SIGNATURE OF WITNESS	STREET ADDRESS	
CITY	STATE	ZIP CODE





## **General Instructions to Medical Providers for Completing an EAEDC Medical Report Form**

**Massachusetts Department of Transitional Assistance**

### **Physicians:**

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

**Disability:** A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
  - (a) substantially reduces or eliminates the patient's ability to support him- or herself when consideration is given to his or her functional capacity, age, education and work experience; or
  - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
  - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix 1.

### **Important**

- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-888-3420.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular MassHealth Provider Number when submitting invoices for these services.



# Emergency Aid to the Elderly, Disabled and Children Medical Report

Massachusetts Department of Transitional Assistance

D. Kelly / GFK  
Physician/Community Health Center

686-6090  
Telephone Number

34 Haverhill St., Lawrence, MA 01841  
Address (Street, City/Town/State/ZIP)

**Physicians:** This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Worker's Name (please print)

Transitional Assistance Office

Address (Street, City/Town/State/ZIP) by      /      /     

Call 1-800-888-3420 with any questions you may have regarding the completion of this report.

Norman Allen 11/24/47  
Patient's Name (please print) Date of Birth Social Security Number

27 Bourque St. Lawrence 725-5221  
Complete Address (Street, City/Town/State/ZIP) Telephone Number

Does the patient speak and read English? ☒ yes ☐ no If no, contact to interpret.

Name

Telephone Number

Relationship

**C. Standards**

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (O), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

- |  |     |  |     |
|--|-----|--|-----|
| <input type="checkbox"/> Musculoskeletal System    | (A) | <input type="checkbox"/> Endocrine System                                    | (I) |
| <input type="checkbox"/> Special Senses & Speech   | (B) | <input type="checkbox"/> Multiple Body System                                | (J) |
| <input type="checkbox"/> Respiratory System        | (C) | <input type="checkbox"/> Neurological System                                 | (K) |
| <input type="checkbox"/> Cardiovascular System     | (D) | <input type="checkbox"/> Mental Disorder                                     | (L) |
| <input type="checkbox"/> Digestive System          | (E) | <input type="checkbox"/> Immuno-suppressive Disorder                         | (M) |
| <input type="checkbox"/> Genitourinary System      | (F) | <input type="checkbox"/> Neoplastic Diseases                                 | (N) |
| <input type="checkbox"/> Hemic & Lymphatic Systems | (G) | <input type="checkbox"/> Medically Equivalent/<br>Combination of Impairments | (O) |
| <input type="checkbox"/> Skin                      | (H) |  |     |

If the SSI Listing of Impairments was referenced, please cite impairment(s)

A) Fibromyalgia - severe

B) Epilepsy

**D. Medically Equivalent/Combination of Impairments**

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of impairments, explain below.

**D. Treatment**

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration
P.T.		

**E. Medication**

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
Multiple			

**Part III — Assessment of Functional Capacity**  
**(complete A and B as appropriate)**

**A. Physical Activities**

Indicate if patient can sustain the following activities on a regular basis.

<b>1. Patient:</b>			
can walk:	<input type="checkbox"/> no restrictions	<input type="checkbox"/> less than 100 ft.	<input checked="" type="checkbox"/> about 500 ft. <input type="checkbox"/> 1/4 mile
can stand daily for: (with breaks every two hours)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours <input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can sit daily for: (with breaks)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours <input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can stand and sit intermittently for <u>2</u> hours (with breaks)			
can bend/stoop (how often per day)	<input type="checkbox"/> constantly	<input type="checkbox"/> frequently	<input checked="" type="checkbox"/> occasionally <input type="checkbox"/> never
has a significant restriction of	<input checked="" type="checkbox"/> arms <input checked="" type="checkbox"/> legs	<input checked="" type="checkbox"/> reaching <input checked="" type="checkbox"/> gross motor	<input checked="" type="checkbox"/> handling <input checked="" type="checkbox"/> fine motor <input type="checkbox"/> none <input type="checkbox"/> manipulation
can reasonably be expected to	lift frequently <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift 10 lbs.	lift/carry occasionally <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.	
<b>2. Other restrictions, if any, on physical or daily living activities</b>			

THE COMMONWEALTH OF MASSACHUSETTS  
 MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICE  
 110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM  
 PV MRC 3000

VENDOR INFO

Name: Lawrence Family Center  
 Attn: Medical Record Dept.  
 Address: 34 Haverhill Street  
 Lawrence, MA 01841

CLAIMANT INFO

Name: Norman G Allen

SSN: 005-46-4086 07

Date of Request: October 30, 1998

PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000

Invoice Number: 981030200833

- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

\_\_\_\_\_  
 Correct Massachusetts Tax ID

\_\_\_\_\_  
 Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 25.00
- To be eligible for payment (Early=\$20/Reg=\$10), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.

M. Kelly  
 Vendor Signature

(50581A)

11-5-98  
 Date

FOR AGENCY USE ONLY:

I have received the materials requested from the vendor concerning the disability benefits claimant above. I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

\_\_\_\_\_  
 Kathleen Ngo  
 Vocational Disability Examiner

\_\_\_\_\_  
 Date

Massachusetts Rehabilitation Commission  
 DISABILITY DETERMINATION SERVICES DIVISION  
 110 Chauncy Street - Boston, MA 02111

October 30, 1998

Registered Records Administrator  
 Medical Record Dept.  
 Lawrence Family Center  
 34 Haverhill Street  
 Lawrence, MA 01841

RE: Norman G Allen  
 27A Bourque St  
 Lawrence, MA 01843

PATIENT ID: Unknown  
 DOB: 11/24/47  
 SSN: 005-46-4086 07  
 PATIENT SSN:  
 (If Different)  
 MAU: 981030-200833

Dear Registered Records Administrator:

The above patient has applied for Social Security Disability benefits. We are authorized to request medical records for the period 12/31/89 to Present. If you charge for this service, complete and return the enclosed invoice. We are authorized to pay you or your designee \$10.00. In addition, if your report is received within 10 calendar days and impacts significantly upon our adjudication, we may pay you or your designee a total of \$20.00.

PLEASE SEND COPIES OF THE CHECKED ITEMS BELOW IF AVAILABLE:

<input checked="" type="checkbox"/> Outpatient Records	<input type="checkbox"/> Thallium Exercise Test (with tracings)
<input checked="" type="checkbox"/> History, Physical Examination, and Discharge Summaries	<input type="checkbox"/> Arteriography/Angiography
<input checked="" type="checkbox"/> Consultation Notes including Psychiatric Consultations	<input type="checkbox"/> Catheterization Studies
<input checked="" type="checkbox"/> Psych Progress Notes	<input type="checkbox"/> Doppler Test
<input checked="" type="checkbox"/> Psychological Testing & Evaluations	<input type="checkbox"/> Pulmonary Function Tests and Tracings
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Blood Gas Studies
<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> EEG Interpretations
<input type="checkbox"/> Spine X-Ray	<input type="checkbox"/> Serum Anti-Convulsive Concentration
<input checked="" type="checkbox"/> Other X-Ray: <u>all spine (later)</u>	<input type="checkbox"/> Myelogram Reports
<input type="checkbox"/> CT Scan	<input type="checkbox"/> EMG Interpretations
<input type="checkbox"/> M.R.I.	<input type="checkbox"/> G.I. Series
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Audiological Exams
<input type="checkbox"/> Echocardiography	<input type="checkbox"/> Ophthalmological Exams
<input type="checkbox"/> RVG	<input checked="" type="checkbox"/> Blood Work (e.g. CBC, SMA 12, Serum Electrolytes, tracings, Rheumatoid Factors)
<input checked="" type="checkbox"/> MUGA	<input checked="" type="checkbox"/> Other: <u>all</u>
<input checked="" type="checkbox"/> Chest X-Ray	
<input type="checkbox"/> EKG (2 or 3 representative tracings, not just an interpretation)	
<input type="checkbox"/> Exercise Tolerance Test (with tracings)	

If you have questions, please call me at (617) 654-7473 between 9:00 A.M. and 4:00 P.M. If long distance, use our toll free number 1-800-882-2040.

Sincerely,

*Kathleen Ngo*  
 Kathleen Ngo

Vocational Disability Examiner

Enc: Authorization, Invoice, Envelope

0409: 205/15





University of Massachusetts  
Center For Health Care Financing  
Disability Evaluation Services  
University of Massachusetts Medical Center  
519 Belmont Street, Shaw Building  
Worcester, MA 01605

March 20, 1998

Dear Health Care Provider:

The UMass Disability Evaluation Services (DES) program conducts disability determinations on behalf of the Commonwealth of Massachusetts Division of Medical Assistance.

The following request for medical records is in support of this individual's application for public benefits. Pursuant to M.G.L. c. 112 § 12 CC, there shall be no charge for the release of the requested records. Pursuant to statute, the records must be produced within 30 days.

If you have any questions please don't hesitate to contact us at 1-800-888-3420.

Sincerely,

UMass Disability Evaluation Services





**University of Massachusetts**

Disability Evaluation Services  
11 Midstate Drive  
Auburn, MA 01501

October 27, 1998

Dr. Michael J. Kelly  
34 Haverhill St.  
Lawrence MA 01840

**Norman Allen**  
**27 Bovique St.**  
**LAWRENCE, MA 01840**

**DOB: 11/24/47**  
**SSN: 005-46-4086**  
**Case#: 21062**

RE: Massachusetts Benefits Programs

The individual listed above is applying for: EAEDC benefits through the Department of Transitional Assistance. You have been listed as a current or recent Medical treating source. The applicant claims the following symptoms/conditions/disability:

seizures, fibromyagia, pain in shoulders, cannot concentrate.

We are requesting medical information within the last 12 months including MD office notes, lab/test results, history and physical, height/weight, and blood pressure. Attached to this release is a signed/dated Medical Release.

Information can be mailed to: **Disability Evaluation Services**  
**11 Midstate Drive**  
**Auburn, MA 01501**

or faxed to: **(508) 721-7292**

or you may call this office at: **(800) 888-3420**

Ask to speak with Nurse Reviewer ID# 716

Sincerely,

Carmen Roman  
at 1(800) 888-3420 ext 17206

*pull MK*

**PLEASE RETURN THIS LETTER WITH THE REQUESTED INFORMATION**

## **ATTACHMENT B**



Lawrence  
General  
Hospital

DIAGNOSTIC IMAGING SERVICES

1000  
PO BOX 1000  
Lawrence, MA 01845  
(978) 686-1000

**LAWRENCE GENERAL HOSPITAL IMAGING SERVICES**

DAVID FARZAN MD  
203 TURNPIKE STREET  
N ANDOVER, MA 01845

Patient Name: ALLEN, NORMAN G  
Physician: FARZAN, DAVID, MD  
Medical Record Number: 23152  
11/24/1947 /54Y M 2996352  
Outpatients  
Date of Service: 04/04/2002

Document Status: **FINAL**

02C3271

ALLEN, NORMAN G

EXAMINATION: CT ABDOMEN AND PELVIS WITH CONTRAST  
HISTORY: RIGHT SIDE LUMP  
DATE: 04/04/02

**CT OF THE ABDOMEN:**

Helical scan was obtained from the dome of the diaphragm to the iliac crest after ingestion of oral contrast and during bolus infusion of IV contrast.

The liver and spleen are not enlarged. There is diffuse low density nodules throughout the liver strongly suggesting the presence of metastatic disease. The pancreas, adrenal glands and both kidneys are normal. In the right lower quadrant in the region of the cecum there is considerable soft tissue density present. This could represent retained fecal material in the cecum, but a mass in the cecum cannot be excluded. There is no definite ascites noted.

**IMPRESSION:**

1. EXTENSIVE METASTATIC DISEASE IS SEEN THROUGHOUT THE LIVER.
2. POSSIBLE MASS IN THE CECUM.

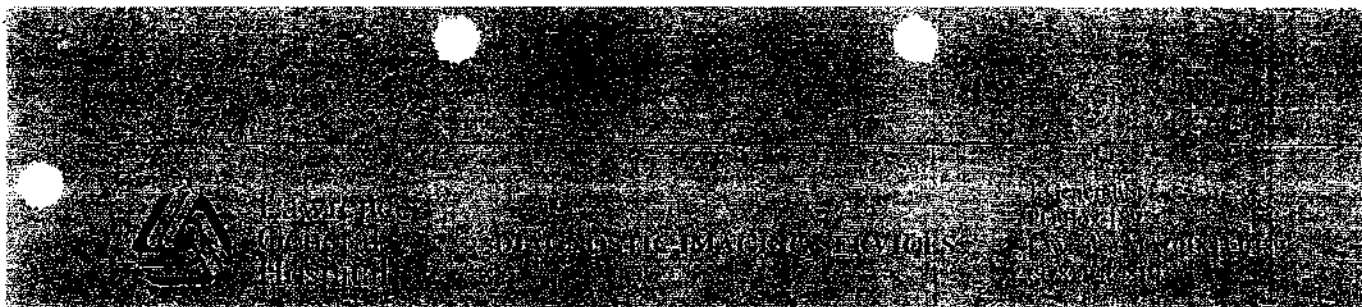
**CT OF THE PELVIS:**

Helical scan was obtained from the iliac crest to the symphysis pubis after ingestion of oral contrast and during bolus infusion of IV contrast. Surgical clips are seen in the rectum.

The soft tissue density in the region of the cecum is again noted. The bowel loops are not dilated. No free fluid is identified. The bladder is normal in outline.

IMPRESSION: POSSIBLE MASS IN THE CECUM. CT SCAN OF THE PELVIS IS OTHERWISE NORMAL.

(Page 1 of 2. Continued on next page)



continued : ALLEN,NORMAN G

John P. Keefe, MD  
Radiologist

DD: 04/04/02  
DT: 04/05/02  
JK/lw  
ES/AGP

MICHAEL KELLY MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947 /51Y M 2325771  
Outpatients

Document Status: **FINAL**

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99R5049

ALLEN, NORMAN G

EXAMINATION: PA & LATERAL CHEST

HISTORY: COUGH

DATE: February 1, 1999

CHEST: PA and lateral views of the chest reveal  
clear lungs with normal cardiac and mediastinal  
outlines and pulmonary vascular distribution.

IMPRESSION: NORMAL CHEST. NO CHANGE FROM 1997.

Richard M. Faraci, M.D.  
Radiologist

D&T: February 1, 1999

RMF:mh  
ES/DMN

*mm*

MICHAEL KELLY MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947/49Y M 2036963  
Outpatients

-----  
97R29765

ALLEN, NORMAN G

EXAMINATION: LEFT SHOULDER  
HISTORY: DISLOCATION  
DATE: 7/18/97

REPORT: No dislocation is revealed. The A-C joint shows moderate osteophyte formation on the Neer view. No fractures are revealed.

CONCLUSION: NO FRACTURE.

RK/SP  
D&T: July 18, 1997  
ES/AGP

RALPH KOENKER, M. D.  
Radiologist



MICHAEL KELLY MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947/49Y M 1990633  
Outpatients

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97R16085

ALLEN, NORMAN G

EXAMINATION: ORBITS  
HISTORY: MRI CLEARANCE  
DATE: 4-17-97

Examination of the orbits with upper and downward gaze shows no evidence of an opaque foreign body lying in either orbit. Bony structures appear to be intact. There is mucosal thickening involving the frontal sinus.

IMPRESSION:

1. THERE IS NO EVIDENCE OF A FOREIGN BODY IN EITHER ORBIT.
2. THERE IS EVIDENCE OF CHRONIC SINUSITIS INVOLVING THE FRONTAL SINUS.

John P. Keefe, M.D.  
Radiologist

JPK/JT  
D&T: April 17, 1997  
ES/DMN

*[Handwritten signature]*





Lawrence  
General  
Hospital

MICHAEL KELLY MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947/49Y M 1984985  
Outpatients

-----  
97R14536

ALLEN, NORMAN G

EXAMINATION: ORBITS  
HISTORY: MRI CLEARANCE  
DATE: 4-7-97

REPORT: Upward and downward looking orbits show no metallic foreign bodies projected over the orbits. No structural bony abnormalities are seen.

CONCLUSION: NO METALLIC FOREIGN BODIES ARE DEMONSTRATED OVER THE ORBITS.

DMN/ma  
DT April 7, 1997

David M. Novick, M.D.  
Radiologist  
ES/DMN



LAWRENCE  
GENERAL  
HOSPITAL

MICHAEL KELLY MD  
34 HAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947/49Y M 1982757  
Outpatients

-----  
97R13811

ALLEN, NORMAN G

EXAMINATION: C. SPINE SERIES WITH OBLIQUES  
HISTORY: PAIN, POSSIBLE RHEUMATOID ARTHRITIS  
DATE: 4/2/97

REPORT: Lateral, AP, oblique and odontoid views of the cervical spine were obtained and are without comparison study.

There is disc height loss at C5-6 and C6-7 levels with associated anterior osteophyte formation consistent with degenerative disc disease. The bony neural foramina appear patent with only mild uncovertebral joint seen at the C5-6 and C6-7 levels bilaterally. No significant facet joint degenerative change is identified.

IMPRESSION: FINDINGS CONSISTENT WITH DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 AND MILD BILATERAL UNCOVERTEBRAL JOINT SPUR FORMATION WITHOUT SIGNIFICANT BONY ENCROACHMENT UPON THE NEURAL FORAMEN BILATERALLY.

DAZ/SP  
D&T: April 2, 1997

ES/MMB

*MMB*

Domenic Zambuto, M.D.  
Radiologist

248596

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

AMBULATORY CARE REPORT

PATIENT: ALLEN, NORMAN G.

023152

THOMAS L. FAZIO, M.D.

ADMIT: 10/20/99

DISCH: 10/20/99

PROCEDURE:  
Colonoscopy

INDICATIONS:

This is a 51-year-old male who has had family history of colon cancer along with some recent hematochezia. He undergoes colonoscopy to evaluate him for surveillance and for symptoms of hematochezia.

PROCEDURE:

After discussion of risks, benefits, consequences and alternatives to the procedure and the medication and after reviewing the nurses' evaluation, and with the history and physical from the office in the chart, the patient was prepped with Versed 5 mg intravenously and Demerol 50 mg intravenously. The colonoscope was introduced and passed to the cecum which was identified by inspection, palpation, and transillumination. The scope was then withdrawn. The cecum was photographed. Preparation was good to fair. There was no abnormalities except for in the rectum where a 3 cm saddle-like semi-circumferential mass was seen with the lower edge at 6 cm. Biopsies and photographs were taken. The scope was withdrawn, and no other abnormalities were encountered. The patient tolerated the procedure well. Digital examination of the rectum again confirmed this lesion at about 6 cm, as it could be felt with the tip of the finger.

IMPRESSION:

1. Total colonoscopy with rectum mass at 6 cm - biopsied.

✓

ALLEN, NORMAN G.

023152

THOMAS L. FAZIO, M.D.

AMBULATORY CARE REPORT - Page 2

PLAN:

The plan with be to check on the biopsies. We will need CT scan and surgical consultation.

---


THOMAS L. FAZIO, M.D.

108037

DD: 10/20/99

DT: 10/20/99 22:35

07027





**Lawrence  
General  
Hospital**

1 General Street  
PO Box 189  
Lawrence, MA 01842-

(978) 946-8115  
(978) 946-8169 Fax

## ONCOLOGY CONSULTATION

**NAME:** ALLEN, NORMAN G

**DOB:** 11/24/1947

**MR#:** 023152

**REFERR:** SANZ-ALTAMIRA, PE

**SEX:** M

**ACCT#:** 2576354

**MSV:** ONC

**PT:** B

**ROOM:** / -

**ADMIT:** 05/11/2000

**DISCH:**

### FOLLOW UP NOTE

**HISTORY OF PRESENT ILLNESS:** The patient is a fifty-two-year-old man with locally advanced rectal cancer, Stage III (T3 N1, M0), who is undergoing postoperative chemotherapy and radiation. He comes because of very significant symptoms of diarrhea, abdominal cramps, discomfort, and he also has problems of urinary retention and the suprapubic catheter which has not been removed yet because he could not stay without it so far. He tolerated initially, the first two cycles of 5FU chemotherapy well, but has been having a very hard time with the combination of chemotherapy and radiation. He has had approximately 2 ½ weeks of the combined molality treatments and when seen yesterday by Dr. Peterson from radiation oncology, she thought he was having too much toxicity and is going to give him a couple of days off. He feels very weak and tired with some occasional dizziness and feels overall doing poorly. He continues to smoke heavily.

### PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Significant toxicity from 5FU and radiation with lower GI toxicity.
3. Seizure disorder with an episode in 1999.
4. History of rheumatic pains and fibromyalgia.
5. Alcoholism in the past.
6. History of a benign lung tumor removed 10 years ago.
7. Significant anxiety.

**REVIEW OF SYSTEMS:** Negative for headaches or mental changes. He has a suprapubic catheter, urinary retention, weakness, diarrhea, but no nausea or vomiting.

**PHYSICAL EXAMINATION:** Alert and oriented, thin, pleasant gentleman in no distress. His weight is 137 ½ pounds which is 2 ½ less than last time. Blood pressure is normal at 115/70, respiratory rate 16, pulse 92, mental status normal. Speech normal. Extraocular movement in tact. No jaundice. Mouth clear. No sores. Neck supple. No thyromegaly. No adenopathy and cervical, supraclavicular, or axillary areas.



6/00 11:20:09

LEG HIS

partment-&gt;

970 687 4460

Health Info Sys. Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

**CONSULTATION**

Lungs are grossly clear bilaterally with decreased breath sounds on both sides which is unchanged and is his baseline. The heart is regular without murmurs. The abdomen is soft and he has some abdominal cramps and diffuse tenderness. He has a well-healed surgical scar. There is a suprapubic catheter in place and the site of the catheter is okay. No organomegaly. Hyperactive bowel sounds. Extremities have no edema.

**LABORATORY STUDIES:** Are pending now.**ASSESSMENT AND PLAN:**

1. Rectal cancer, I plan to hold the chemotherapy now because of the severe toxicity. We will check the electrolytes, give him intravenous fluids while we wait and hold the chemotherapy until he is back next week. We will see whether he improves with that alone. He will have two days off radiation therapy and then there are the weekends so he will have four days in a row without treatments which will also hopefully let him recover to some extent.
2. He has urinary retention and a suprapubic catheter in place and he will see Dr. Liam Hurley tomorrow again for follow up.
3. He will continue his sleeping pills and he will continue to smoke even though I told him again to try to quit. He says maybe one day in the future.

I will see him for follow up in a week and he knows to call if there are any problems.

---

Pedro M. Sanz-Altamira, M.D.

15537 / CN / cmn

DD: 05/11/2000 10:20

TT: 05/13/2000 11:00

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandeli, M.D.  
Astrid O. Peterson, M.D.



**Lawrence  
General  
Hospital**

248596

1 General Street  
PO Box 188  
Lawrence, MA 01842-0389  
(978) 946-8115  
(978) 683-5024 Fax

## ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G DOB: 11/24/1947 MR#: 023152  
SEX: M ACCT#: 2485440  
REFERR: MANDELL, JONATHAN MSV: SUR PT: I  
ROOM: H4 / 404-2  
ADMIT: / / DISCH: 12/11/1999

DATE OF CONSULTATION: 12/09/99

**REASON FOR CONSULTATION:** The consultation was requested because of rectal cancer.

**HISTORY OF PRESENT ILLNESS:** Mr. Allen is a fifty-two year old gentleman who has been noticing rectal bleeding for the last five or six months. He has had some discomfort in the pelvic area, but this has been going on for a number of years and does not appear to have changed at all in the last few months. He has also noticed some weight loss, even though he is somewhat unsure of about how much in how long. It sounds like it has been grossly 15 or 20 pounds over the last six months.

He has had both dark blood as well as red blood with bowel movements and this has been intermittent. He was actually seen by Dr. Farzan who performed a rectal examination, which was presumably negative, but because of the history, he sent him for evaluation by Dr. Fazio. Dr. Fazio performed a colonoscopy on October 20<sup>th</sup>.

Six to eight centimeters from the anal verge a lesion was found. Biopsies were taken which were positive for mucinous adenocarcinoma, which was moderately differentiated. The rest of the colonoscopy was unremarkable.

Of note, a CT scan of the abdomen and pelvis was obtained which was negative for metastatic disease in the liver. There was a question of the area of the seminal vesicles which was brought out by endorectal ultrasound at Lahey Clinic.

He came to the hospital for further treatment. On December 1<sup>st</sup> he underwent low anterior resection. He has been slowly and progressively recovering from the surgery. The surgical specimen is significant for infiltrating adenocarcinoma, with greater than 50% mucinous component. It is moderately differentiating and infiltrates through the muscularis propria into the perirectal adipose tissue and is also less than 1 mm away from the interserosal margin. Lymphatic invasion was present. There was a large, thrombosed, subserosal vein within the wall, which also contained tumor. There was extensive perineural invasion. Proximal and distal margins were free of tumor.

W



12/17/99 14:11:17

LGH HIS T rtment-&gt;

578 521 3233 U ealth Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

#### CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

#### PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

#### SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

#### FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

#### REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

**PHYSICAL EXAMINATION:** The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

**VITAL SIGNS:** His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

**HEENT:** Mouth clear. Poor dentition.

**NECK:** Supple. No peripheral adenopathy.

**LUNGS:** Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

### CONSULTATION

#### PHYSICAL EXAMINATION:

HEART: Regular. No murmurs.

ABDOMEN: Soft, non-tender. Positive bowel sounds. The surgical site looks very good. No discharge or evidence of infection.

EXTREMITIES: Have no edema. No calf tenderness. No cyanosis.

NEUROLOGIC: Grossly intact.

#### LABORATORY DATA:

WBC 10.6, hematocrit 34.1%, MCV 89.5, platelet count 262, MPC 10.9. The differential is unremarkable. Sodium 134, potassium 4.6, BUN 7, creatinine 0.8. Dilantin level was 10.0, which is in the lower limit of therapeutic.

Urinalysis was negative taken last week.

Liver function tests were unremarkable.

#### IMPRESSION:

This is a fifty-two year old gentleman with locally advanced rectal cancer, stage III (T3 N1 M0). We had a very extensive discussion about the meaning of this diagnosis and its prognosis. He knows that he has a fairly high risk of relapse, somewhere in the 55 to 60% risk. Adjuvant chemotherapy is able to improve the outcome by decreasing the chances of recurrence by about 1/3. This is what I would strongly recommend at this point. He has already had a CT scan of the abdomen and pelvis and pre-operative CEA, which was 3.5.

I would suggest to obtain a chest x-ray for completeness, if it has not been done. The overall plan would be to give him adjuvant chemotherapy and radiation therapy. The chemotherapy would be 5FU based, and we had a discussion about the potential toxicities and what to watch for. We would not be starting until he heals completely from his surgery. The chemotherapy is usually started about four to five weeks after the surgery. I am going to have him see me as an outpatient later in the month, and we will go from there.

I also discussed with him the importance of having first degree family members checked for this disease, since both he and his father had the same diagnosis. He understands and will pass this information to his children.

12/17/99 FRI 15:33 FAX 978 521 3233 BILLING DEPT  
12/17/99 14:13:18 L&H HIS rtment-> 978 521 3233 L Health Info Sys. Page 886

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

Thank you very much for this consultation. It was a pleasure to meet Mr. Norman Allen.

---

Pedro M. Sanz-Altamira, M.D.

22888 / CN / br  
DD: 12/09/1999 15:14  
TT: 12/17/1999 13:14

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.  
Santos K. Shetty, M.D.



**Lawrence  
General  
Hospital**

248596

1 General Street  
PO Box 189  
Lawrence, MA 01842-0389  
(978) 946-8115  
(978) 683-5024 Fax

### ONCOLOGY CONSULTATION

**NAME:** ALLEN, NORMAN G      **DOB:** 11/24/1947      **MR#:** 023152  
**REFERR:** MANDELL, JONATHAN      **SEX:** M      **ACCT#:** 2485440  
**ADMIT:** / /      **MSV:** SUR      **PT:** I  
                                 **ROOM:** H4 / 404-2  
                                 **DISCH:** 12/11/1999

**DATE OF CONSULTATION:** 12/09/99

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Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

#### CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

#### PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

#### SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

#### FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

#### REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

**PHYSICAL EXAMINATION:** The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

**VITAL SIGNS:** His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

**HEENT:** Mouth clear. Poor dentition.

**NECK:** Supple. No peripheral adenopathy.

**LUNGS:** Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

03/25/00 18:03:06 LGH HIS urgent-&gt;

9785213218 LGH I th Info Sys. Page 003

# 248596



1 General Street  
PO Box 189  
Lawrence, MA 01842-0389  
(978) 946-8115  
(978) 946-8169 Fax

---

**ONCOLOGY REPORT**

---

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
	<b>SEX:</b> M	<b>ACCT#:</b> 2549305
<b>REFERR:</b> SANZ-ALTAMIRA, PE	<b>MSV:</b> MED	<b>PT:</b> B
	<b>ROOM:</b> / -	
<b>ADMIT:</b> 03/23/2000	<b>DISCH:</b>	

**HISTORY OF PRESENT ILLNESS:** Mr. Allen is a 52-year-old gentleman with locally advanced rectal cancer, Stage III (T3 N1 M0). He is undergoing postoperative chemotherapy and radiation therapy. He had one out of six lymph nodes involved with tumor. He received the first cycle of 5FU chemotherapy which is five days in a row, end of February and beginning of March, and now comes for follow-up. He tolerated it well with the exception of minimal abdominal discomfort and loose stools but he never became dehydrated. Those symptoms went away and he has had fatigue and weakness and difficulty sleeping but no pains or discomfort whatsoever and no gastrointestinal toxicity. He does not have diarrhea. He is rather, a little bit on the constipated side. We gave him Valium to sleep which had worked in the past but it didn't work this time. He occasionally needs to nap during the day and feels tired most of the time.

**REVIEW OF SYSTEMS:** Headaches. He has a suprapubic catheter and urinary retention. No shortness of breath. No nausea or vomiting now.

**PAST MEDICAL HISTORY:**

1. Stage III rectal cancer, as above.
2. Seizure disorder with the last episode a year ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed 10 years ago.
5. Alcoholism in the past.



Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

### ONCOLOGY REPORT

#### PHYSICAL EXAMINATION:

**GENERAL:** Alert and oriented, thin, pleasant gentleman in no distress.

**WEIGHT:** 140 pounds which is 2 more than last time.

**VITAL SIGNS:** Blood pressure 115/76. Respiratory rate 18. Pulse 85. Afebrile.

**MENTAL STATUS:** Normal.

**SPEECH:** Normal.

**HEENT:** Extra-ocular movements intact. No jaundice. Mouth: Clear. No sores.

**NECK:** Supple. No thyromegaly. No adenopathy and cervical, supraclavicular or axillary areas.

**LUNGS:** Grossly clear bilaterally. Decreased breath sounds on both sides which is unchanged.

**HEART:** Regular without murmurs.

**ABDOMEN:** Soft and nontender. He has a well-healed surgical scar. He has a suprapubic catheter in place and the side of the catheter is O.K. No tenderness. No organomegaly. Positive bowel sounds.

**EXTREMITIES:** No edema.

**LABORATORY STUDIES:** Sodium 140, potassium 4.1, BUN 18, creatine 0.7. WBC 6.9 with a normal differential, hematocrit 48.2%, MCV 91, platelet count 192,000.

**IMPRESSION:** Rectal cancer.

#### PLAN:

1. Will be back for the second cycle of chemotherapy Monday-Friday next week between the 27<sup>th</sup> and the 31<sup>st</sup> of March. I plan to see him for follow-up a week or two later. He knows to call if there are any problems. He knows that these two are the first two cycles of chemotherapy and will eventually be followed by a block of combined modality chemotherapy and radiation where the chemotherapy will be given as a continuous infusion.
2. He will continue to follow with Dr. Liam Hurley for the suprapubic catheter.
3. For the difficulty sleeping, he will try Klonopin since he says now it seems to actually have worked a little bit better than Valium. The opposite was apparent the last time he was here. He will back off his intake of coffee and will try not to nap too much during the day.



03/25/00 18:03:58 LGH HIS Department-> 9785213218 LGH Health Info Sys. Page 005

Lawrence General Hospital

ALLEN, NORMAN G

MR# 023152

ONCOLOGY REPORT

In any case, he knows to call if there are any problems before the next visit.

---

Pedro M. Sanz-Altamira, M.D.

28314 / ON / kmm

DD: 03/23/2000 11:58

TT: 03/25/2000 09:44

CC: Stephen O. Chastain, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.

03/18/00 13:36:41 LGH HIS Department-&gt;

9785213218 LGH Health Info Sys. Page 003



**Lawrence  
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## ONCOLOGY REPORT

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
<b>REFERR:</b> SANZ-ALTAMIRA, PE	<b>SEX:</b> M	<b>ACCT#:</b> 2541350
<b>ADMIT:</b> 03/08/2000	<b>MSV:</b> MED	<b>PT:</b> O
	<b>ROOM:</b> / -	
	<b>DISCH:</b> / /	

### CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with locally advance rectal cancer, stage 3 (T3-N1-M0). He is undergoing adjuvant chemotherapy and radiation therapy. He had one of the six lymph nodes involved with tumor and the tumor was actually extending beyond the lymph node capsule, in this particular case. He received the first week of 5FU chemotherapy last week and developed some loose stools that lasted for a couple of days and bothered him minimally with abdominal discomfort, but he did not develop watery stools and has not become dehydrated. He also complains of difficulty sleeping, which seems to be a little worse now. He has been taking Klonopin without any benefit. He also has background chronic headaches, for which he takes Tylenol with codeine which seems to help.

### REVIEW OF SYSTEMS:

Headaches. Urinary retention. He has a suprapubic catheter. No shortness of breath. No more abdominal cramps or diarrhea. No nausea or vomiting.

### PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia and rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.
5. Alcoholism in the past.

### PHYSICAL EXAMINATION:

Alert and oriented, thin, pleasant gentleman in no distress. Mental status normal. Speech normal.

**VITAL SIGNS:** blood pressure 110/75, weight 139 lbs., which is stable; respiratory rate 18, pulse 82. He is afebrile.

**HEENT:** Mouth clear.

**NECK:** Supple. No thyromegaly. No cervical, supraclavicular, or axillary adenopathy.

03/10/00 13:37:10

IGH HIS Department->

9705213210 IGH Health Info Sys. Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

### ONCOLOGY REPORT

#### PHYSICAL EXAMINATION: (CONTINUED)

LUNGS: Grossly clear bilaterally. Somewhat decreased breath sounds on both sides.

HEART: Regular. No murmurs.

ABDOMEN: Soft. Non-tender. He has a suprapubic catheter in place and the entry site is okay. No tenderness. No organomegaly. Positive bowel sounds.

EXTREMITIES: No edema.

#### LABORATORY DATA:

Sodium 137, potassium 4.3, BUN 12, creatinine 0.7, white blood cell count 7.4, hematocrit 44.6%, MCV 88.8, platelet count 210,000. The differential is normal.

#### IMPRESSION:

1. Rectal cancer. I will have him back for follow up in two weeks and repeat the numbers. If he is clinically stable, we will give him the second cycle of 5FU chemotherapy just a few days later. He will receive five days in a row of 5FU at the same dose as last week. After that, he will wait three weeks and will be followed by a combined modality part of the treatment with chemotherapy and radiation.
2. For the difficulty sleeping, he has tried Valium in the past, which helped. He will stop Klonopin and try one Valium tablet at night. We will see what happens. He drinks a lot of coffee and promised to back off and to take only decaffeinated coffee.

In any case, he will be back in two weeks and knows to call if there are any problems.

---

Pedro M. Sanz-Altamira, M.D.

23159 / ON / br

DD: 03/09/2000 10:46

TT: 03/10/2000 11:38

CC: Stephen O. Chastain, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.

248546

02/24/00 00:29:35

LEH HIS Department-&gt;

9785213210 LEH Health Info Sys. Page 003



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---

### ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2505770
ADMIT: 01/27/2000	MSV: MED	PT: B
	ROOM: / -	
	DISCH: / /	

DATE OF CONSULTATION: 01/27/2000

#### CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

We had a long discussion about the potential plans and we are going to try to schedule the TURP relatively soon, so that we do not delay the initiation of therapy much longer. We will hopefully be able to start within the next two or three weeks, at most.

We went over the plan of treatment, which includes 5FU chemotherapy, giving two cycles at the beginning and then two cycles at the end, with one block of approximately five weeks of continuous infusion of 5FU and daily radiation therapy. We went over the side effects and the patient is actually willing to go through treatments.

We plan to see him for follow up a week after the TURP and plan to start chemotherapy then. We went over all of these issues with the patient for about thirty minutes.

---

Pedro M. Sanz-Altamira, M.D.

08565 / CN / br  
DD: 01/27/2000 12:40  
TT: 01/31/2000 11:32

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

248596

02/25/00 09:41:38

LGH HIS Department-&gt;

9785213210 LGH Health Info Sys. Page 083



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### ONCOLOGY CONSULTATION

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
	<b>SEX:</b> M	<b>ACCT#:</b> 2519722
<b>REFERR:</b> SANZ-ALTAMIRA, PE	<b>MSV:</b> MED	<b>PT:</b> B
	<b>ROOM:</b> / -	
<b>ADMIT:</b> 02/24/2000	<b>DISCH:</b> / /	

**DATE OF CONSULTATION:** 02/24/2000.

**HISTORY OF PRESENT ILLNESS:** Mr. Allen comes for follow-up of his node positive rectal cancer, with one out of six possible nodes. He has Stage III disease (T3 N1 M0). He has recently gone through a transurethral resection of prostate and has a suprapubic catheter. We plan to go ahead with Adjuvant chemotherapy now. We will use the regimen published in the New England Journal of medicine in 1994 where 5FU is given for two cycles initially followed by a continuous infusion of 5FU and concomitant radiation therapy, followed by two additional cycles of 5FU. We will start today.

We had an extensive discussion of about 20 minutes regarding the side effects again and he knows to call when problems develop. I plan to see him for follow-up in two weeks but he will be coming daily for the next few days for the first round of 5 FU chemotherapy.

---

Pedro M. Sanz-Altamira, M.D.

18213 / CN / kmm  
DD: 02/24/2000 11:17  
TT: 02/25/2000 09:19

**CC:** David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.



Merrimack Valley  
Health Services, Inc.

Members:

Anna Jacques Hospital • Hale Hospital • Lawrence General Hospital  
Lowell General Hospital • Saints Memorial Medical Center

MICHAEL KELLY MD  
34 FAVERHILL STREET  
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G  
Physician: KELLY, MICHAEL, MD  
Medical Record Number: 23152  
11/24/1947/49Y M 1990633  
Outpatients

-----  
97I618

ALLEN, NORMAN G  
25-02-93  
MRI OF BRAIN 4-18-97 70551  
LAWRENCE GENERAL HOSPITAL 23152  
HISTORY: SEIZURE DISORDER/Standard  
seizure protocol

Comparison is made with C.T. scan of the head from 3-12-95 which was unremarkable.

On the current study, patchy areas of mucosal thickening are seen in multiple ethmoid air cells bilaterally and in both frontal sinuses. There is mild cortical atrophy over the convexities bilaterally demonstrated on the coronal images. There is no evidence of mesial temporal sclerosis demonstrated. There is no intracranial hemorrhage, other collection, mass, midline shift, arterial venous malformation, aneurysm, ventriculomegaly, nor white matter disease demonstrated. The orbits, pituitary gland, and posterior fossa otherwise appear unremarkable.


CONCLUSION: MILD BILATERAL CONVEXITY CORTICAL ATROPHY; OTHERWISE THE EXAM IS UNREMARKABLE WITH NO MASS OR MESIAL TEMPORAL SCLEROSIS DEMONSTRATED.

Mark G. Goldshein, M.D.  
Radiologist

D:4-18/T:4-19-97  
MG:mn

A handwritten signature in dark ink, appearing to be "MG", is located to the right of the text "MG:mn".

\* SECOND READ BY/David M. Novick, M.D.  
ES/DMN

<b>PREVIOUS EEG: (Check and give date(s))</b> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> NONE	<b>STAMP PATIENT'S I.D. HERE:</b> 
<b>MEDICATION: (Duration and date last given)</b> <i>dilantin 300mg qd.</i> <i>Valium 5mg IV - 8"</i>	ALLEN, NORMAN G 11-24-47 49Y 01-23-97 CATH/HO EMERGENCY MD ED 23152 ED JID 1947655 KELLY, MICHAEL MD

FILE#: 76-226-00

Name: Allen, Norman Age: 49 Sex: F Date: 1-23-97  
 Test # 2 Div. and/or Dr.: ED Kelly Hosp.# 23152

**Impression:** Testing is abnormal consistent with epileptogenic activity originating possibly subcortical and as technician noted EEG does show evidence of minor motor seizure clinically recorded by technician as well as EEG evidence of seizure disorder, post ictal slowing lasting 1 1/2 min. in the theta range slowing seen. Significance of all this will be correlated with other clinical finding.

**Details:** Routine awake patient's testing showed excellent well organized 9-10 hz low-moderate voltage alpha. All throughout the testing as described above there is technician noted minor motor clinically as well as evidence of generalized theta slowing post ictally following patient's blinking of eyes and facial twitch which started after 3 mins. of hyperventilation. This lasted 1 1/2 mins as recorded before. But during hyperventilation the patient did not show any seizure activity, and there is no photo myoclonic response or photo convulsive response. There is driving with strobe seen. During this testing EKG monitoring showed heart rate regular 72-78/mn.

ELECTROENCEPHALOGRAPHIC LABORATORY  
 EEG-4

Dibyendu Basu, M.D.

Lawrence  
 General  
 Hospital

was patient mentally clear?    Worried?    Uncomfortable?    In pain?  
 Did patient do anything unusual during the test?    ☐ Yes    ☐ No    If yes, describe.  
 Did patient become drowsy?    ☐ Yes    ☐ No    If yes, could this be controlled?  
 In the opinion of the technician, the test was:

- A. Normal  
 B. Borderline  
 C. Abnormal
1. Diffuse    3. With differences between the two sides  
 2. Paroxysmal activity    4. With positive localizing data

COMMENTS:

SIGNED: \_\_\_\_\_  
 TECHNICIAN



01/31/00 12:20:11

LEH RIS Department-&gt;

9785213210 LEH Health Info Sys. Page 003

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---

**ONCOLOGY CONSULTATION**

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
	<b>SEX:</b> M	<b>ACCT#:</b> 2505770
<b>REFERR:</b> SANZ-ALTAMIRA, PE	<b>MSV:</b> MED	<b>PT:</b> B
	<b>ROOM:</b> / -	
<b>ADMIT:</b> 01/27/2000	<b>DISCH:</b> / /	

**DATE OF CONSULTATION:** 01/27/2000**CLINICAL HISTORY:**

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

We had a long discussion about the potential plans and we are going to try to schedule the TURP relatively soon, so that we do not delay the initiation of therapy much longer. We will hopefully be able to start within the next two or three weeks, at most.

We went over the plan of treatment, which includes 5FU chemotherapy, giving two cycles at the beginning and then two cycles at the end, with one block of approximately five weeks of continuous infusion of 5FU and daily radiation therapy. We went over the side effects and the patient is actually willing to go through treatments.

We plan to see him for follow up a week after the TURP and plan to start chemotherapy then. We went over all of these issues with the patient for about thirty minutes.

---

**Pedro M. Sanz-Altamira, M.D.**

08565 / CN / br  
DD: 01/27/2000 12:40  
TT: 01/31/2000 11:32

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

248596

02/24/00 08:31:18

LGH HIS Department-&gt;

9785213210 LGH Health Info Sys. Page 003



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---

### ONCOLOGY CONSULTATION

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
<b>REFERR:</b> SANZ-ALTAMIRA, PE	<b>SEX:</b> M	<b>ACCT#:</b> 2505770
<b>ADMIT:</b> 01/27/2000	<b>MSV:</b> MED	<b>PT:</b> B
	<b>ROOM:</b> / -	
	<b>DISCH:</b> / /	

**DATE OF CONSULTATION:** 01/27/2000

#### CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

We had a long discussion about the potential plans and we are going to try to schedule the TURP relatively soon, so that we do not delay the initiation of therapy much longer. We will hopefully be able to start within the next two or three weeks, at most.

We went over the plan of treatment, which includes 5FU chemotherapy, giving two cycles at the beginning and then two cycles at the end, with one block of approximately five weeks of continuous infusion of 5FU and daily radiation therapy. We went over the side effects and the patient is actually willing to go through treatments.

We plan to see him for follow up a week after the TURP and plan to start chemotherapy then. We went over all of these issues with the patient for about thirty minutes.

---

Pedro M. Sanz-Altamira, M.D.

08565 / CN / br  
DD: 01/27/2000 12:40  
TT: 01/31/2000 11:32

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

02/25/00 09:48:02

LGH HIS Department-&gt;

9785213218 LGH Health Info Sys. Page 003

248596



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### ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947

MR#: 023152

REFERR: SANZ-ALTAMIRA, PE

SEX: M

ACCT#: 2519722

MSV: MED

PT: B

ADMIT: 02/24/2000

ROOM: / -

DISCH: / /

DATE OF CONSULTATION: 02/24/2000.

**HISTORY OF PRESENT ILLNESS:** Mr. Allen comes for follow-up of his node positive rectal cancer, with one out of six possible nodes. He has Stage III disease (T3 N1 M0). He has recently gone through a transurethral resection of prostate and has a suprapubic catheter. We plan to go ahead with Adjuvant chemotherapy now. We will use the regimen published in the New England Journal of medicine in 1994 where 5FU is given for two cycles initially followed by a continuous infusion of 5FU and concomitant radiation therapy, followed by two additional cycles of 5FU. We will start today.

We had an extensive discussion of about 20 minutes regarding the side effects again and he knows to call when problems develop. I plan to see him for follow-up in two weeks but he will be coming daily for the next few days for the first round of 5 FU chemotherapy.

Pedro M. Sanz-Altamira, M.D.

18213 / CN / kmm

DD: 02/24/2000 11:17

TT: 02/25/2000 09:19

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.



248596  
1 General St.  
PO Box 189  
Lawrence, MA 01842-0389  
(978) 683-4000 X2741

Anatomic Pathology Report

NAME: ALLEN, NORMAN  
DOB: 24 NOV 1947  
CLINICIAN: THOMAS L. FAZIO, M.D.  
ACC. DATE: 20 OCT 1999, 3:00PM

SEX: M  
AGE: 51  
S99-8199  
HOSP#: 23152  
BILLING#:  
COLL. DATE: 20 OCT 1999

**GROSS DESCRIPTION:**

2464930--L1

CLINICAL HISTORY--RECTAL BLEEDING

SOURCE OF SPECIMEN--RECTAL MASS

Labeled Rectal Mass: The specimen consists of three biopsies of tan, soft tissue, the smallest measuring 0.1 cm. in diameter and the largest measuring 0.2 cm. in diameter. The entire specimen will be submitted in a single cassette.

WK:jmd

**DIAGNOSIS:**

FRAGMENTS OF COLONIC MUCOSA WITH MUCINOUS ADENOCARCINOMA, MODERATELY DIFFERENTIATED, GRADE 2.

(SIGNATURE ON FILE)

CHERYL A. ENNIS, M.D.

jmd

22OCT1999 7:34AM

PROCEDURES: 88305, B

A handwritten signature, likely of Cheryl A. Ennis, M.D., consisting of a stylized 'C' and 'E'.

Anatomic Pathology Report

P32089

KL Fazio

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

OPERATIVE REPORT

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: DISCH:

SURGEON: JONATHAN D. MANDELL, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal carcinoma.

POSTOPERATIVE DIAGNOSIS: Rectal carcinoma.

OPERATION: Exploratory laparotomy, low anterior resection of the rectum.

ASSISTANT: Dr. Landay

ANESTHESIA: General endotracheal.

INDICATIONS:

This is a 51-year-old gentleman who presents with hematochezia. Colonoscopy showed a rectal carcinoma that was about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed negative disease in the liver and a rectal ultrasound showed the tumor was probably full thickness through the bowel wall with negative lymph nodes. He is now for low anterior resection of the rectum, possible abdominoperineal resection. Risks of the procedure were discussed and he agrees to proceed. He completed a mechanical bowel preparation as an outpatient. At the beginning of the operation, Dr. Liam Hurley of urology placed bilateral ureteral stents.

PROCEDURE:

On December 1, 1999, the patient was admitted through same day surgery. He received 3 grams of Unasyn preoperatively. He was brought to the operating room, placed on the operating room table in the supine position. Following the smooth induction of general endotracheal anesthesia, he was placed in a modified perineal lithotomy position. First, Dr. Hurley placed bilateral ureteral stents. See his portion of dictation for that part of the procedure. The abdomen and perineum were then prepped and draped in a sterile manner. A lower midline abdominal incision was made. Peritoneal cavity was entered. The peritoneal surfaces were smooth with no studding. The liver felt normal. The nasogastric tube was palpated in good position in the stomach. The small bowel was run from the ligament of Treitz to the cecum and was normal. The ascending colon, transverse colon, descending colon and sigmoid

✓

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

## OPERATIVE REPORT - Page 2

colon were palpated and felt normal. At approximately the level of the peritoneal reflection on the anterior surface of the rectum there was puckering of the peritoneum and a mass was palpated at that location consistent with a rectal carcinoma. It was mobile. A Bookwalter self-retaining retractor was used. The left lateral peritoneal reflection of the sigmoid colon was incised and the sigmoid mesentery mobilized. The left ureter was identified and palpated and visualized. A point of division of the sigmoid colon was selected at the apex of the sigmoid loop. The serosal surface at this location was cleaned. A GIA stapler was used to divide the colon at this location. The mesentery was then scored from this location down to the sacral promontory and the mesentery to the colon at this location was divided between Kelly clamps and ligated between 0 Vicryl ties. Both the left and right ureter were identified, both by visualization and palpation. A finger was passed beneath the superior hemorrhoidal vessels and this vascular pedicle was ligated between Kelly clamps and tied with 0 Vicryl ties. The peritoneum was then incised down along the left and right side of the rectum and then around anteriorly. The mesorectum was then mobilized by first entering the relatively avascular plane in front of the sacrum with electrocautery and blunt dissection. In this plane, dissection was then taken down distally in the midline and on either side was taken down with electrocautery and with large hemoclips. Care was taken to palpate the left and right ureter intermittently during this portion of the procedure and these were kept well lateral to the points of dissection. The left and right side of the rectum was then mobilized by dividing the mesorectum and adjacent tissues between right angle clamps and ligated with 0 Vicryl ties. The lateral stalks of the rectum on either side were identified and divided between right angle clamps and ligated with 0 Vicryl ties. Dissection then proceeded anteriorly with the electrocautery and with blunt dissection. As this was done, it was possible to deliver the tumor and rectum up out of the pelvis. The seminal vesicle on either side was identified and swept off of the rectum. There was some slight thickening palpated adjacent to the seminal vesicle on the patient's left side. This was kept in continuity with the rectum and this thickening was dissected laterally away from the pelvis, taking care to palpate the ureter during this portion of the procedure and the ureter was avoided. A combination of blunt and sharp dissection was then used to dissect distally beyond the level of the tumor down towards the level of the coccyx. This was done circumferentially around the rectum. When all of the rectum mobilization had been completed, it was possible to see the rectum at a point at least 5-6 cm beyond the palpable area of the rectal tumor. A finger was passed into the anus and used to palpate within the rectum and after delivering the rectum out of the pelvis and delivering the tumor out of the pelvis it was not possible to palpate the tumor through the anus with the examining finger. No tumor nodules were palpated within the lumen of the rectum with this maneuver and the point of the examining



ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

## OPERATIVE REPORT - Page 3

finger was seen on the rectal wall through the pelvis and the tip of this finger was approximately 5 cm distal to the gross tumor that was visible and palpable in the rectum.

Decision was made to proceed with low anterior resection of the rectum with primary re-anastomosis with the EEA circular stapler device. First, 3-0 silk stay sutures were placed anteriorly and on each lateral side of the rectum at the point selected for division of the rectum. The rectum was then divided just proximal to these stay sutures with electrocautery. The specimen was inspected. The specimen after removal despite some contraction of the bowel showed that the gross tumor was at least 3-4 cm proximal to the distal margin of division. The specimen was sent to pathology. Frozen section of the distal margin of the specimen at three separate places was negative for any carcinoma. A 3-0 Prolene suture was then used in a baseball-type spiral stitch to form a pursestring using full thickness bites of the distal rectal stump. The proximal colon was then cleaned on its serosal surface of any fatty tissue for about 2 cm proximal to the GIA staple line and the GIA staple line was excised. A 3-0 Prolene suture was then used to create a pursestring around the end of the proximal colon in a similar baseball-type running suture. The EEA sizers were then used and the distal rectal lumen was sized at 31 mm. The 31 mm EEA stapler was selected. The anvil was removed from the stapler device. The anvil was placed within the proximal colon lumen and the proximal pursestring tightened securely. Additional 3-0 Vicryl sutures were used to cinch up the pursestring around the anvil. The EEA stapler was then introduced through the anus and the shaft of the stapler device extended. This was brought through the distal pursestring and then the distal pursestring was cinched up and tightened around the shaft of the EEA stapler. After this was done, additional 3-0 Vicryl sutures were used to cinch up the pursestring around the shaft of the stapler device. The anvil was then attached to the shaft of the stapler device and the stapler device closed. Care was taken to see the green bar within the window of the EEA stapler device. No other tissues were palpated within the EEA anastomosis and the stapler device was fired after releasing the safety. The stapler device was then opened two revolutions and stapler device removed from the rectum. The anvil was removed from the stapler device and both doughnuts were inspected and were intact. The Prolene sutures pursestring at each of the doughnuts was cut to ensure that both doughnuts were intact and these were inspected and the mucosal ring was intact at both doughnuts. The proximal and distal doughnut was sent to pathology labeled proximal and distal doughnut separately. 3-0 silk horizontal mattress sutures were then placed anteriorly across the anastomosis.



ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 4

After this was done, a balloon-tipped rectal insufflation catheter was used. The tip of the catheter was inserted into the anus with the inflated balloon outside of the anus and air was insufflated through the rectal catheter into the rectum. The pelvis was filled with fluid and the colon proximal to the anastomosis was palpated and was felt to distend with the insufflated air. No bubbling of the pelvic fluid was noted indicating that there was no air leak from the anastomosis. The rectal catheter was removed.

The pelvis was irrigated. Hemostasis was obtained with electrocautery. Hemostasis was excellent at the end of the procedure. The small bowel was placed back in its in situ position. A single #10 flat Jackson-Pratt drain was brought out through a separate right lower quadrant stab wound and the drain was placed in the pelvis but kept away from the anastomosis. The drain was sutured to the skin with 3-0 Prolene suture. The midline fascia was closed with a running #2 nylon suture started at either pole of the incision and tied at the midpoint. The subcutaneous fat was irrigated. Hemostasis was obtained with electrocautery. The skin was closed with staples. Sponge, needle and instrument count were all correct at the end of the procedure. Plan was for extubation in the operating room and transport to Post-Anesthesia Care Unit in stable condition, having tolerated the procedure well.

---

JONATHAN D. MANDELL, M.D.

10828

DD: 12/01/1999

DT: 12/02/1999 08:21

Job # 20309

cc: Dr. David Farzan

Dr. Fazio

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

Ch # 248596

OPERATIVE REPORT

PATIENT: ALLEN, NORMAN

023152

LIAM J. HURLEY, M.D.

ADMIT:

DISCH:

SURGEON: LIAM J. HURLEY, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal cancer.

POSTOPERATIVE DIAGNOSIS: Rectal cancer.

OPERATION: Cystourethroscopy, placement of  
bilateral ureteral stents for Dr.  
Mandell's procedure.

ANESTHESIA:

GTT

INDICATIONS:

This is a 52-year-old white male with rectal cancer who is going to have an endoscopic pull-through hopefully by Dr. Mandell. Dr. Mandell wishes to have ureteral stents placed for better visualization of the ureters.

PROCEDURE:

After the patient successfully induced in anesthesia, the patient prepped and draped in sterile fashion. A 22-French cystourethroscope was placed in the bladder without difficulty. There was no evidence of urethral or bladder lesions seen using the 30 and 70-degree scope. Ureteral orifices were visualized and a #5 whistle-tip ureteral catheter placed up the left and right without difficulty. The scope was removed. A Foley catheter was placed. The stents were inserted into the bag of the Foley catheter using the adaptor. The stents and Foley were Steri-Stripped together and Dr. Mandell went about his procedure.

LIAM J. HURLEY, M.D.

10828

DD: 12/01/1999

DT: 12/02/1999 05:58

Job # 20128

cc: Dr. Farzan  
Dr. Mandell

12/17/99 14:03:52 LGH HIS rtment-> 978 521 3233 L Health Info Sys. Page 003



**Lawrence  
General  
Hospital**

248596

1 General Street  
PO Box 189  
Lawrence, MA 01842-0389  
(978) 946-8115  
(978) 683-5024 Fax

---

**ONCOLOGY CONSULTATION**

**NAME:** ALLEN, NORMAN G

**DOB:** 11/24/1947 **MR#:** 023152

**SEX:** M

**ACCT#:** 2485440

**REFERR:** MANDELL, JONATHAN

**MSV:** SUR

**PT:** I

**ROOM:** H4 / 404-2

**ADMIT:** / /

**DISCH:** 12/11/1999

**DATE OF CONSULTATION:** 12/09/99

**REASON FOR CONSULTATION:** The consultation was requested because of rectal cancer.

**HISTORY OF PRESENT ILLNESS:** Mr. Allen is a fifty-two year old gentleman who has been noticing rectal bleeding for the last five or six months. He has had some discomfort in the pelvic area, but this has been going on for a number of years and does not appear to have changed at all in the last few months. He has also noticed some weight loss, even though he is somewhat unsure of about how much in how long. It sounds like it has been grossly 15 or 20 pounds over the last six months.

He has had both dark blood as well as red blood with bowel movements and this has been intermittent. He was actually seen by Dr. Farzan who performed a rectal examination, which was presumably negative, but because of the history, he sent him for evaluation by Dr. Fazio. Dr. Fazio performed a colonoscopy on October 20<sup>th</sup>.

Six to eight centimeters from the anal verge a lesion was found. Biopsies were taken which were positive for mucinous adenocarcinoma, which was moderately differentiated. The rest of the colonoscopy was unremarkable.

Of note, a CT scan of the abdomen and pelvis was obtained which was negative for metastatic disease in the liver. There was a question of the area of the seminal vesicles which was brought out by endorectal ultrasound at Lahey Clinic.

He came to the hospital for further treatment. On December 1<sup>st</sup> he underwent low anterior resection. He has been slowly and progressively recovering from the surgery. The surgical specimen is significant for infiltrating adenocarcinoma, with greater than 50% mucinous component. It is moderately differentiating and infiltrates through the muscularis propria into the perirectal adipose tissue and is also less than 1 mm away from the interserosal margin. Lymphatic invasion was present. There was a large, thrombosed, subserosal vein within the wall, which also contained tumor. There was extensive perineural invasion. Proximal and distal margins were free of tumor.

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Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

### CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

### PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

### SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

### FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

### REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

**PHYSICAL EXAMINATION:** The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

**VITAL SIGNS:** His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

**HEENT:** Mouth clear. Poor dentition.

**NECK:** Supple. No peripheral adenopathy.

**LUNGS:** Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

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artment-&gt;

978 521 3233

Health Info Sys. Page 886

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

Thank you very much for this consultation. It was a pleasure to meet Mr. Norman Allen.

---

Pedro M. Sanz-Altamira, M.D.

22888 / CN / br

DD: 12/09/1999 15:14

TT: 12/17/1999 13:14

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.  
Santos K. Shetty, M.D.

*W. Foyon*

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

*CH# 248596*  
DISCHARGE SUMMARY

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: 12/01/1999 DISCH: 12/11/1999

ADMITTING DIAGNOSIS:  
Rectal carcinoma.

SECONDARY DIAGNOSIS:  
Postoperative urinary retention, history of seizure disorder.

HISTORY OF THE PRESENT ILLNESS:

This is a 52-year-old gentleman who recently presented with some hematochezia. Evaluation revealed a rectal carcinoma at about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed no spread to the liver. He was now admitted for low anterior resection of the colon and possible abdominal perineal resection. He completed a mechanical bowel preparation as an outpatient.

HOSPITAL COURSE:

The patient was admitted on December 1, 1999. He was taken to the Operating Room where he underwent low anterior resection of the colon. He tolerated that procedure well. He had bilateral ureteral stents placed by Urology at the beginning of the procedure. These were removed the day following the procedure.

Postoperatively, he was hemodynamically stable. He was initially kept N.P.O. with a nasogastric tube. Nasogastric tube was removed on December 7, 1999. He was started on a liquid diet. He had an intravenous infiltration site on his right forearm which was treated with warm soaks and intravenous Kefzol. This rapidly improved. He had a Jackson-Pratt drain in the pelvis postoperatively. This drained minimally. Diet was advanced. Foley catheter was subsequently removed, but the patient was unable to void adequately, and the Foley catheter was re-inserted. Urology consultation felt that the patient should go home with a leg bag and then follow-up with Urology as an outpatient. The patient was passing flatus without problems. The surgical wound was clean without evidence of infection.

Pathology returned revealing a full thickness rectal tumor with one positive lymph node and a neural and vascular invasion. Distal and proximal margins were clear. He was seen by Dr. Sanz of Oncology and will follow-up with Dr. Sanz of Oncology as an outpatient.

He continued to do well. He was monitored until he moved his bowels. He had brown bowel movements times two prior to discharge. The Jackson-Pratt drain was removed. He was afebrile, and he was



ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

DISCHARGE SUMMARY - Page 2

discharged to home on December 11, 1999. He will follow-up in my office in one week. He will follow-up with Dr. Sanz of Oncology in one week. He will also follow-up with Dr. Hurley from Urology in one week. He was instructed to resume his pre-operative medications except for his Effexor, which Dr. Hurley of Urology felt he should hold given his urinary retention.

Prescriptions at discharge were Duricef 500 mg P.O. B.I.D., Percocet one to two tablets P.O. Q three hours P.R.N. for pain, and colace 100 mg P.O. T.I.D. P.R.N. for constipation. He was instructed to call if he had any abdominal pain, fever, vomiting or other new symptoms.

---

JONATHAN D. MANDELL, M.D.

108037

DD: 12/11/1999

DT: 12/11/1999 18:40

Job#023152

cc: DAVID R. FARZAN, M.D.

LIAM J. HURLEY, M.D.

PEDRO M. SANZ-ALTAMIRA, M.D.





**Lawrence  
General  
Hospital**

1 General Street  
PO Box 189  
Lawrence, MA 01842-0389  
(978) 648-8115  
(978) 948-8169 Fax

---

**AMBULATORY CARE REPORT**

---

**NAME:** ALLEN, NORMAN G

**DOB:** 11/24/1947 **MR#:** 23152

**ATTEND:** Thomas Fazio, MD

**SEX:** M **ACCT#:** 2682284

**MSV:** MED **PT:** L

**ADMIT:** 11/16/2000

**ROOM:** L1

**DISCH:** 11/16/2000

**PROCEDURE:** Colonoscopy.

**ENDOSCOPIST:** Dr. Fazio.

**HISTORY AND INDICATIONS:** A 52-year-old male who underwent low anterior resection for carcinoma of the rectum about a year ago, and has undergone chemotherapy and radiation therapy for stage III rectal carcinoma. He now undergoes follow up colonoscopy for surveillance.

**PROCEDURE:** After discussion of the risks, benefits, consequences, and alternatives of the procedure and medication, and after review of the nursing evaluation, the patient was prepared with Versed 5 mg intravenously. A colonoscope was introduced and passed through the cecum which was identified by inspection, palpation, and transillumination. The scope was then withdrawn. The cecum was photographed. Preparation was fair. There were no abnormalities encountered. The patient tolerated the procedure well.

**IMPRESSION:** Normal total colonoscopy, status post low anterior resection of the rectum.

**PLAN:** Follow up colonoscopy in 2 years.

\_\_\_\_\_  
Thomas Fazio, MD

**DOD:** 11/16/00 0907 7138/628:1867933

**DOT:** 11/22/00 0857

**CC:** 961 :Mandell, Jonatha  
664 :Peterson, MD, Ast  
329 :Sanz-Altamire,

**LAWRENCE GENERAL HOSPITAL IMAGING SERVICES**

DAVID FARZAN MD  
203 TURNPIKE STREET  
N ANDOVER, MA 01845

Patient Name: ALLEN, NORMAN G.  
Physician: FARZAN, DAVID, MD  
Medical Record Number: 23152  
11/24/1947 /54Y M 2996352  
Outpatients  
Date of Service: 04/04/2002

Document Status: **FINAL**

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02C3271

ALLEN, NORMAN G

EXAMINATION: CT ABDOMEN AND PELVIS WITH CONTRAST  
HISTORY: RIGHT SIDE LUMP  
DATE: 04/04/02

**CT OF THE ABDOMEN:**

Helical scan was obtained from the dome of the diaphragm to the iliac crest after ingestion of oral contrast and during bolus infusion of IV contrast.

The liver and spleen are not enlarged. There is diffuse low density nodules throughout the liver strongly suggesting the presence of metastatic disease. The pancreas, adrenal glands and both kidneys are normal. In the right lower quadrant in the region of the cecum there is considerable soft tissue density present. This could represent retained fecal material in the cecum, but a mass in the cecum cannot be excluded. There is no definite ascites noted.

**IMPRESSION:**

1. EXTENSIVE METASTATIC DISEASE IS SEEN THROUGHOUT THE LIVER.
2. POSSIBLE MASS IN THE CECUM.

**CT OF THE PELVIS:**

Helical scan was obtained from the iliac crest to the symphysis pubis after ingestion of oral contrast and during bolus infusion of IV contrast. Surgical clips are seen in the rectum.

The soft tissue density in the region of the cecum is again noted. The bowel loops are not dilated. No free fluid is identified. The bladder is normal in outline.

IMPRESSION: POSSIBLE MASS IN THE CECUM. CT SCAN OF THE PELVIS IS OTHERWISE NORMAL.

continued : ALLEN, NORMAN G

John P. Keefe, MD  
Radiologist

DD: 04/04/02  
DT: 04/05/02  
JK/lw  
ES/AGP

# Adult Health Maintenance Flow Sheet

Name

Norman Allen

DOB 11-24-47

## Smoking Status

PCP

Dr. Farnum

☒ Current
 ☐ Former
 ☐ Never

## Codes

Y = Done

ND = Not  
Done

R = Refused

E = Done  
Elsewhere

Screening Procedures	Recommended Frequency	Yr 99	Yr	Yr	Yr	Yr	Yr
Cholesterol/ HDL	q 5 yrs Men ( 35 - 64) Women ( 45-64)	✓					
FOBT and/or Sigmoidoscopy	q 1 yr > 50 q 5 yr > 50	✓					
Assess for Hearing (whisper at 15 feet)	>65	✓					
Vision Screening	>65	✓					

Pap Smear	q 1 yr x 3 yrs then 3 yrs. after	X					
Chlamydia Screening	Females < 20						
Mammogram ( and CBE)	q 1-2 yrs. 50 - 69						
Counseling SBE							

Immunizations	
TD Booster	Every 10 yr
Pneumococcal	>65
Influenza	Annually
Hep B >11	Status
MMR	
Rubella	and Females > than 12
Varicella	11 years and over


## Active

## PROBLEM LIST

## Inactive

780.39	1	Seizure Dx	yr
185.2/185.1	2	Chronic back pain	
280.1	3	Fibromyalgia	yr
183.9	4	Col/n Ca	yr 99
	5		yr
	6		yr
	7		yr
	8		yr
	9		yr

1	Long Term Pain	yr 1989
2	Neurological	yr
3		yr
4		yr
5		yr
6		yr
7		yr
8		yr
9		yr

[illegible]

## REFILL LIST

PATIENT: Norman AllenDOB: 11-24-47

DATE	DRUG	DOSE	#	FREQUENCY	REFILL #	PHARMACY	SIGNATURE
12/24/99	Dilantin	100mg	150	5/d	5	CVS 681-1024	CDH/PR
1/17/00	Sonata	10mg	20	TOD	2	Married pt	DF/ES
1/1/00	Cylindal	#3	12	T/H 40	0	Rx mailed pham	CDH/DW
1/13/00	Cylexa	20mg	30	T po qd	0	CVS 681-9943	CDH/PR/DF
3/1/00	Phenytoin sod ext	100mg	150	5 QD	11	CVS 681-5048	DF/ES
4/6/01	Tranexol	100mg	30	T qhs	4	CVS 681-9943	DF/ES
3/1/01	Phenytoin	100mg	150	5 QD	3	CVS 681-9943	DF/ES
6/13/01	Phenytoin	100mg	150	5 QD	3	CVS 681-5048	PMA/92LP
7/12/01	Tranexol	100mg	30	T qhs	3	681-9943	PMA/92LP
10/22/01	Tranexol	100mg	30	qhs	5	CVS 681-5048	PMA/PR
12/24/01	Zoloft	100mg	30	1/2 qd	5	681-1024	PMA/PR
12/24/01	Zanaflex	2mg	120	1/4 qhs	0	681-9943	PMA/92LP
12/27/01	Percocet	5/325	60	1/2 QHS	0	Pt. picked up	PR/DF
2/22/02	Oxycontin	20mg	60	1 po BID	0	written	mg/KU/PR
2/25/02	Oxycontin	20mg	60	1 po TID	0	written	mg/KU/PR
3/1/02	Licoripin	2mg	30	1 po qhs	5	CVS 681-1024	DF/KH/PR
3/1/02	Oxycontin	20	90	1/2			
5/1/02	Oxycontin	40mg	30	1 po BID	5	CVS 681-1024	DF/KH/PR
5/1/02	Phenytoin Ext	100mg	150	5 QD	11	CVS 681-5048	DF/KH/PR
5/1/02	Oxycontin	40mg	90	1 po TID	0	written	DF/KH/PR

LAHLE : PHYSICIAN COPY OF RESULTS

11/05/99  
001

DOCTOR: DIRECT REFERRAL DOCTOR

CLINIC #: 000002074747

PATIENT NAME: ALLEN, NORMAN  
LOCATION: OPDPREC/ISO IND: UIP,  
D.O.B : 11/24/47

## == RADIOLOGY RESULTS ==

TRANSRECTAL ULTRASOUND

\*STAT\*11/03/99 07:27

ORDER REASON: ENDO RECTAL/TUMOR  
FARZAN, DAVID MD  
PENTUCKET MEDICAL ASSOC.  
NORTH ANDOVER POST OFFICE PARK  
NO. ANDOVER, MA. 01845  
978-557-8800  
READ BY COSSI, ALDA F

FINDING: ENDORECTAL ULTRASOUND EXAMINATION WAS PERFORMED. THE PATIENT IS A 51 YEAR OLD MALE WITH KNOWN ADENOCARCINOMA OF THE RECTUM AND THE ULTRASOUND WAS REQUESTED FOR STAGING. A 7 MHZ TRANSDUCER WAS USED. THE STUDY DEMONSTRATES A MASS IDENTIFIED IN THE LEFT POSTERIOR QUADRANT AND POSTERIORLY IN THE RECTUM INVOLVING APPROXIMATELY 50% OF THE CIRCUMFERENCE OF THE RECTUM LOCATED IN THE MID TO UPPER THIRD OF THE RECTUM. THE ANTERIOR AND RIGHT LATERAL ASPECT OF THE RECTAL WALL IS UNINVOLVED. THERE IS EVIDENCE OF INVASION OF THE MUSCULARIS PROPRIA WITH THICKENING AND NODULAR APPEARANCE TO THE MUSCULARIS PROPRIA. NO EVIDENCE FOR EXTENSION BEYOND THE MUSCULARIS PROPRIA INTO THE PERIRECTAL FAT. NO PERIRECTAL LYMPH NODES WERE IDENTIFIED.

\*  
IMPRESSION: ULTRASOUND STAGING OF THE KNOWN RECTAL LESION WOULD BE CONSIDERED A UT2 LESION. THERE IS EVIDENCE OF INVASION AND INVOLVEMENT OF THE MUSCULARIS PROPRIA BUT NO EXTENSION BEYOND THE MUSCULARIS PROPRIA AND NO EVIDENCE FOR PERIRECTAL ADENOPATHY AS DESCRIBED. DR. MANDELL OF ANDOVER SURGICAL ASSOCIATES IN ANDOVER, MASS. WAS ADVISED OF THE FINDING.  
FD

PHONE: H 978-725-5227 B  
27 BOURQUE ST  
LAWRENCE MA  
01843DOCTOR: DIRECT REFERRAL DOCTOR  
LOCATION DEPT: MIX  
FLOOR: 2WC  
PATIENT NAME: ALLEN, NORMAN



NAME: Norman Allen  
 DATE: 4-4-02 CHARTED: 21836  
 POP: DF DOB: 11-24-47  
 WT: 150 HT: 5'8" P: H  
 ALLERGIES: None

Meds: see med list (reviewed)☐ Walk in Visit

Soc Hx: smoker yes no

lemp on @ back - abd. area pain

History Did not like to go to Dr. Sanz "like I was supposed to"

Prone to fall from low table when getting very excited  
with eating. Blacked out but woke up OK

## ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ fever/toux  
☐ ☐ chills  
☐ ☐ fatigue  
☐ ☐ myalgia  
☐ ☐ weight loss  
☐ ☐ headache  
☐ ☐ neck stiffness  
☐ ☐ rash

## HEENT

Y N  
☐ ☐ normal  
☐ ☐ otalgia  
☐ ☐ ear discharge  
☐ ☐ eye redness  
☐ ☐ eye discharge  
☐ ☐ sore throat  
☐ ☐ rhinorrhea  
☐ ☐ congestion  
☐ ☐ purulent nas dschrg

## RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ cough  
☐ ☐ wheezing  
☐ ☐ sputum  
☐ ☐ hx of asthma  
☐ ☐ hemoptosis  
☐ ☐ dyspnea

## CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ chest pain  
☐ ☐ with exertion  
☐ ☐ edema  
☐ ☐ diaphoresis  
☐ ☐ orthopneas  
☐ ☐ PND  
☐ ☐ syncope

## GASTROINTESTINAL

Y N  
☐ ☐ normal  
☐ ☐ nausea  
☐ ☐ vomiting  
☐ ☐ diarrhea  
☐ ☐ constipation  
☐ ☐ hematochezia  
☐ ☐ melena

## Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ pale  
☐ ☐ cyanosis  
☐ ☐ poor skin turgor

## OTHER

## HEENT

Y N  
☐ ☐ normal  
☐ ☐ membranes dry  
☐ ☐ enlarged tonsil  
☐ ☐ pharynx exud/eryth  
☐ ☐ TM loss of landmarks  
☐ ☐ TM erythema/fluid  
☐ ☐ conj dischg / eryth  
☐ ☐ rhinorrhea  
☐ ☐ sinus tenderness  
☐ ☐ purulent nasal dschrg

## RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ wheezing  
☐ ☐ rhonchi  
☐ ☐ stridor  
☐ ☐ prolonged expiration  
☐ ☐ retractions  
☐ ☐ diminished sounds  
☐ ☐ bronchial sound

## CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ murmur  
☐ ☐ tachycardia  
☐ ☐ dimin pulses  
☐ ☐ poor perfusion  
 Neck  
☐ ☐ ant cerv LA  
☐ ☐ post cerv LA  
☐ ☐ supraclavicular LA  
☐ ☐ stiffness  
☐ ☐ meningismus

## ABDOMEN

Y N  
☐ ☐ normal  
☐ ☐ increase BS  
☐ ☐ decreased BS  
☐ ☐ tenderness  
☒ ☐ enlarged liver  
☐ ☐ enlarged spleen  
☐ ☐ inguinal adenopathy  
☐ ☐ rebound

Mom + Black  
+ Ascaris

A/P: Abd Pain 2? Duodenal CA

Sent for CT Abn Non  
LFT, CBL

603-384-3119

If sx worsen ☐ Call ☐ return to clinic ☐ Go to ERFollow Up in    day(s)    week(s) or if sx worsen if not resolved in    PRN

with PCP

☐ Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

3PM 8:45 Lawrence Dr. Sanz

CT scan 14

98 916-3230

NAME: Norman Allen

DATE: 3/14/02 CHART#: 248596

PCP: DF DOB: 11/24/47

WT: BP 94/48 T P R

ALLERGIES: Paxil

Stomach pain steady x 3 wks - on +  
off x 3 mo. - ↑ gurgling sounds

Ieds: \_\_\_\_\_ see med list (reviewed)

J Walk in Visit \_\_\_\_\_

Soc Hx: smoker yes no \_\_\_\_\_

## History

Help by early

Bony

Omeprazole

## ROS. INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	fever Tmax _____
<input type="checkbox"/>	<input type="checkbox"/>	chills
<input type="checkbox"/>	<input type="checkbox"/>	fatigue
<input type="checkbox"/>	<input type="checkbox"/>	myalgia
<input type="checkbox"/>	<input type="checkbox"/>	weight loss
<input type="checkbox"/>	<input type="checkbox"/>	headache
<input type="checkbox"/>	<input type="checkbox"/>	neck stiffness
<input type="checkbox"/>	<input type="checkbox"/>	rash

## HEENT

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	otalgia
<input type="checkbox"/>	<input type="checkbox"/>	ear discharge
<input type="checkbox"/>	<input type="checkbox"/>	eye redness
<input type="checkbox"/>	<input type="checkbox"/>	eye discharge
<input type="checkbox"/>	<input type="checkbox"/>	sore throat
<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea
<input type="checkbox"/>	<input type="checkbox"/>	congestion
<input type="checkbox"/>	<input type="checkbox"/>	purulent nas dischg

## RESPIRATORY

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	cough
<input type="checkbox"/>	<input type="checkbox"/>	wheezing
<input type="checkbox"/>	<input type="checkbox"/>	sputum
<input type="checkbox"/>	<input type="checkbox"/>	hx of asthma
<input type="checkbox"/>	<input type="checkbox"/>	hemoptysis
<input type="checkbox"/>	<input type="checkbox"/>	dyspnea

## CARDIOVASCULAR

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	chest pain
<input type="checkbox"/>	<input type="checkbox"/>	with exertion
<input type="checkbox"/>	<input type="checkbox"/>	edema
<input type="checkbox"/>	<input type="checkbox"/>	dysphoresis
<input type="checkbox"/>	<input type="checkbox"/>	orthopneas
<input type="checkbox"/>	<input type="checkbox"/>	PND
<input type="checkbox"/>	<input type="checkbox"/>	syncope

## GASTROINTESTINAL

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	nausea
<input type="checkbox"/>	<input type="checkbox"/>	vomiting
<input type="checkbox"/>	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	constipation
<input type="checkbox"/>	<input type="checkbox"/>	hematochezia
<input type="checkbox"/>	<input type="checkbox"/>	melena

## Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	pale
<input type="checkbox"/>	<input type="checkbox"/>	cyanosis
<input type="checkbox"/>	<input type="checkbox"/>	poor skin turgor

## OTHER

## HEENT

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	membranes dry
<input type="checkbox"/>	<input type="checkbox"/>	enlarged tonsil
<input type="checkbox"/>	<input type="checkbox"/>	pharynx exud/eryth
<input type="checkbox"/>	<input type="checkbox"/>	TM loss of landmarks
<input type="checkbox"/>	<input type="checkbox"/>	TM erythema/fluid
<input type="checkbox"/>	<input type="checkbox"/>	conj dischg / eryth
<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea
<input type="checkbox"/>	<input type="checkbox"/>	sinus tenderness
<input type="checkbox"/>	<input type="checkbox"/>	purulent nasal dischg

## RESPIRATORY

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	wheezing
<input type="checkbox"/>	<input type="checkbox"/>	rhonchi
<input type="checkbox"/>	<input type="checkbox"/>	stridor
<input type="checkbox"/>	<input type="checkbox"/>	prolonged expiration
<input type="checkbox"/>	<input type="checkbox"/>	retractions
<input type="checkbox"/>	<input type="checkbox"/>	diminished sounds
<input type="checkbox"/>	<input type="checkbox"/>	bronchial sound

## CARDIOVASCULAR

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	murmur
<input type="checkbox"/>	<input type="checkbox"/>	tachycardia
<input type="checkbox"/>	<input type="checkbox"/>	dimin pulses
<input type="checkbox"/>	<input type="checkbox"/>	poor perfusion
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	ant cerv LA
<input type="checkbox"/>	<input type="checkbox"/>	post cerv LA
<input type="checkbox"/>	<input type="checkbox"/>	supraclavicular LA
<input type="checkbox"/>	<input type="checkbox"/>	stiffness
<input type="checkbox"/>	<input type="checkbox"/>	meningismus

## ABDOMEN

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	increase BS
<input type="checkbox"/>	<input type="checkbox"/>	decreased BS
<input type="checkbox"/>	<input type="checkbox"/>	tenderness
<input type="checkbox"/>	<input type="checkbox"/>	enlarged liver
<input type="checkbox"/>	<input type="checkbox"/>	enlarged spleen
<input type="checkbox"/>	<input type="checkbox"/>	inguinal adenopathy
<input type="checkbox"/>	<input type="checkbox"/>	rebound

A/P: ① Abx for Normon

② Omeprazole 20 ; Med Back for 7 to 10

"later"

If sx worsen ☐ Call ☒ return to clinic ☐ Go to ER

Follow Up in \_\_\_\_\_ day(s) \_\_\_\_\_ week(s) if sx worsen if not resolved in \_\_\_\_\_ PRN with PCP

☐ Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: NORMAN ALLEN  
 DATE: 2/4/02 CHART#: 248596  
 POP: DF DOB: 11/21/1947  
 WT: BP 90/60 T P R  
 ALLERGIES: Penic

eds: \_\_\_\_\_ sec med list (reviewed)

Walk in Visit \_\_\_\_\_

Flr med put on klonopin on 1/24 c Hx: smoker yes no \_\_\_\_\_  
reports gd. effect

# History

Much better w/ on Oxycontin  
less depressed  
Alk Par resolved

## ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
normal		normal		normal		normal		normal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fever/tmax		otalgia		cough		chest pain		nausea	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chills		ear discharge		wheezing		with exertion		vomiting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fatigue		eye redness		sputum		edema		diarrhea	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	constipation	
myalgia		eye discharge		hx of asthma		diaphoresis		hematochezia	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	melena	
weight loss		sore throat		hemoptysis		orthopnea			
<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea		dyspnea		PND			
headache		congestion				syncope			
<input type="checkbox"/>	<input type="checkbox"/>	purulent nas dschrg							
neck stiffness									
<input type="checkbox"/>	<input type="checkbox"/>								
rash									

## Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
normal		normal		normal		normal		normal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pale		membranes dry		wheezing		murmur		increase BS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decreased BS	
cyanosis		enlarged tonsil		rhonchi		tachycardia		tenderness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	diminished pulses		enlarged liver	
poor skin turgor		pharynx exud/eryth		stridor		poor perfusion		enlarged spleen	
OTHER		TM loss of landmarks		prolonged expiration		Neck		inguinal adenopathy	
<u>SERO</u>		TM edema/fluid		retractions		ant cerv LA		rebound	
<u>lymph</u>		conj dschrg / eryth		diminished sounds		post cerv LA			
		rhinorrhea		bronchial sound		supraclavicular LA			
		sinus tenderness				stiffness			
		purulent nasal dschrg				meningismus			

ADP: Back Pain 1 Rptd Oxycontin 20 b.i.d

Anxiety : Rptd Klonopin 2mg q.b

Alk Par : resolved

NAME: Norman Alon  
 DATE: 1/24/02 CHART#: 248596  
 PCP: DF DOB: 11/24/1947  
 WT: BP T P R  
 ALLERGIES: penic

Meds: see med list (reviewed)

☐ Walk in Visit

Soc Hx: smoker yes no

# History

c/o con joint pain lat 1-3 H

## ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

### CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ fever tmax  
☐ ☐ chills  
☐ ☐ fatigue  
☐ ☐ myalgia  
☐ ☐ weight loss  
☐ ☐ headache  
☐ ☐ neck stiffness  
☐ ☐ rash

### HEENT

Y N  
☐ ☐ normal  
☐ ☐ otalgia  
☐ ☐ ear discharge  
☐ ☐ eye redness  
☐ ☐ eye discharge  
☐ ☐ sore throat  
☐ ☐ rhinorrhea  
☐ ☐ congestion  
☐ ☐ purulent nas dschrg

### RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ cough  
☐ ☐ wheezing  
☐ ☐ sputum  
☐ ☐ hx of asthma  
☐ ☐ hemoptosis  
☐ ☐ dyspnea

### CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ chest pain  
☐ ☐ with exertion  
☐ ☐ edema  
☐ ☐ diaphoresis  
☐ ☐ orthopneas  
☐ ☐ PND  
☐ ☐ syncope

### GASTROINTESTINAL

Y N  
☐ ☐ normal  
☐ ☐ nausea  
☐ ☐ vomiting  
☐ ☐ diarrhea  
☐ ☐ constipation  
☐ ☐ hematochezia  
☐ ☐ melena

## Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

### CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ pale  
☐ ☐ cyanosis  
☐ ☐ poor skin turgor

### OTHER

Neck Tender  
Full ROM

### HEENT

Y N  
☐ ☐ normal  
☐ ☐ membranes dry  
☐ ☐ enlarged tonsil  
☐ ☐ pharynx exud/eryth  
☐ ☐ TM loss of landmarks  
☐ ☐ TM erythema/fluid  
☐ ☐ conj dischg / eryth  
☐ ☐ rhinorrhea  
☐ ☐ sinus tenderness  
☐ ☐ purulent nasal dschrg

### RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ wheezing  
☐ ☐ rhonchi  
☐ ☐ stridor  
☐ ☐ prolonged expiration  
☐ ☐ retractions  
☐ ☐ diminished sounds  
☐ ☐ bronchial sound

### CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ murmur  
☐ ☐ tachycardia  
☐ ☐ dimin pulses  
☐ ☐ poor perfusion  
☐ ☐ Neck  
☐ ☐ ant cerv LA  
☐ ☐ post cerv LA  
☐ ☐ supraclavicular LA  
☐ ☐ stiffness  
☐ ☐ meningismus

### ABDOMEN

Y N  
☐ ☐ normal  
☐ ☐ increase BS  
☐ ☐ decreased BS  
☐ ☐ tenderness  
☐ ☐ enlarged liver  
☐ ☐ enlarged spleen  
☐ ☐ inguinal adenopathy  
☐ ☐ rebound

AP: Good : well by last - M J M Contain 5640

Neck pain : Helped by 4 parents at night 1/2 : well by morning 2/2

Tranquilizer : Zantac in effect at 8/2 Klonopin helped to sleep  
will try Klonopin 1/2 P. 2/2

If sx worsen ☐ Call ☒ return to clinic ☐ Go to ER

Follow Up in    day(s)    week(s) or if sx worsen    if not resolved in    PRN

☐ Side effects and interactions of medicines reviewed with patient

with PGP

David R. Farzan, M.D.

NAME: Norman Allen  
 DATE: 12/10/01 CHART#: 248596  
 POP: Farzan DOB: 11/24/47  
 WT: BP 124/78 T P R  
 ALLERGIES: Paxil → RASH

Meds: \_\_\_\_\_ see med list (reviewed)

Zaflex 2 7:30  
 Zolift 100/12

☐ Walk in Visit

Soc Hx: smoker yes no

# History

Stool c/o Nod per count  
 Dynamis  
 C-spine xray? consider dental

ROS: INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

## HEENT

## RESPIRATORY

## CARDIOVASCULAR

## GASTROINTESTINAL

normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>
fever/mal	<input type="checkbox"/>	otalgia	<input type="checkbox"/>	cough	<input type="checkbox"/>	chest pain	<input type="checkbox"/>
chills	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>
fatigue	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>
myalgia	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>
weight loss	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	hemoptosis	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>
headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dispnea	<input type="checkbox"/>	PND	<input type="checkbox"/>
neck stiffness	<input type="checkbox"/>	congestion	<input type="checkbox"/>		<input type="checkbox"/>	syncope	<input type="checkbox"/>
rash	<input type="checkbox"/>	purulent nas discharge	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Physical Exam: INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

## HEENT

## RESPIRATORY

## CARDIOVASCULAR

## ABDOMEN

normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>
pale	<input type="checkbox"/>	membranes dry	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	murmur	<input type="checkbox"/>
diaporesis	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	rhonchi	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>
poor skin turgor	<input type="checkbox"/>	pharynx exud. eryth	<input type="checkbox"/>	stridor	<input type="checkbox"/>	dimin pulses	<input type="checkbox"/>
	<input type="checkbox"/>	TM exud. landmarks	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	poor perfusion	<input type="checkbox"/>
	<input type="checkbox"/>	TM erythema/fluid	<input type="checkbox"/>	retractions	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	conj discharge/eryth	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>
	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>
	<input type="checkbox"/>	sinus tenderness	<input type="checkbox"/>		<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>
	<input type="checkbox"/>	purulent nasal discharge	<input type="checkbox"/>		<input type="checkbox"/>	stiffness	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	meningismus	<input type="checkbox"/>

ATP ① Nod should per x 42 : ? Zaflex help Pericarditis right & B  
 ② Dynamis : cont Zolift  
 ③ Truax : 8 Zaflex + 4gh (8h)

if worsen Call return to clinic ☐ Go to ER

Follow Up in \_\_\_\_\_ day(s) \_\_\_\_\_ week(s) or if ~~not~~ worsen if not resolved in \_\_\_\_\_ PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, MD

NAME: Dorman, Dill  
 DATE: 11/26/01 CHART#: \_\_\_\_\_  
 PCP: \_\_\_\_\_ DOB: 11/24/47  
 WT: \_\_\_\_\_ BP: 94/60 T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_  
 ALLERGIES: Paxil

Meds: \_\_\_\_\_ see med list (reviewed)

☐ Walk-in Visit

Sec Hx: smoker yes no \_\_\_\_\_

Flu for infection - abd?

History

do but per - same

do Depanne et

① sport cryes ② eat

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ fever/tmax  
☐ ☐ chills  
☐ ☐ fatigue  
☐ ☐ myalgia  
☐ ☐ weight loss  
☐ ☐ headache  
☐ ☐ neck stiffness  
☐ ☐ rash

HEENT

Y N  
☐ ☐ normal  
☐ ☐ otalgia  
☐ ☐ ear discharge  
☐ ☐ eye redness  
☐ ☐ eye discharge  
☐ ☐ congestion  
☐ ☐ rhinorrhea  
☐ ☐ sore throat

RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ cough  
☐ ☐ wheezing  
☐ ☐ sputum  
☐ ☐ hx of asthma  
☐ ☐ fam hx asthma  
☐ ☐ dyspnea

GASTROINTESTINAL

Y N  
☒ ☐ normal  
☐ ☐ vomiting  
☐ ☐ diarrhea  
☐ ☐ constipation  
☐ ☐ abdominal pain  
☐ ☐ cramps

CARDIOVASCULAR

Y N  
☐ ☐ normal  
☐ ☐ chest pain  
☐ ☐ with exertion  
☐ ☐ edema  
☐ ☐ diaphoresis  
☐ ☐ orthopnea  
☐ ☐ syncope

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ pale  
☐ ☐ cyanosis  
☐ ☐ poor skin turgor

OTHER

Tender  
paronychia  
m. br

HEENT

Y N  
☐ ☐ normal  
☐ ☐ membranes dry  
☐ ☐ enlarged tonsil  
☐ ☐ pharynx exud/erythe  
☐ ☐ TM loss of landmarks  
☐ ☐ sinus tenderness  
☐ ☐ rhinorrhea  
☐ ☐ nasal discharge  
☐ ☐ TM erythema/fluid  
☐ ☐ conj discharge/ erythe

RESPIRATORY

Y N  
☒ ☐ normal  
☐ ☐ wheezing  
☐ ☐ rhonchi  
☐ ☐ stridor  
☐ ☐ prolonged expiration  
☐ ☐ retractions  
☐ ☐ diminished sounds  
☐ ☐ bronchial sound  
☐ ☐ supraclavicular LA

CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ murmur  
☐ ☐ tachycardia  
☐ ☐ dimin pulses  
☐ ☐ poor perfusion  
☐ ☐ Neck  
☐ ☐ ant cerv LA  
☐ ☐ post cerv LA  
☐ ☐ stiffness  
☐ ☐ meningismus

ABDOMEN

Y N  
☐ ☐ normal  
☐ ☐ increase BS  
☐ ☐ decreased BS  
☐ ☐ tenderness  
☐ ☐ enlarged liver  
☐ ☐ enlarged spleens  
☐ ☐ inguinal adenopathy  
☐ ☐ rebound

A/P

Depanne 2.5kg 100 1/2 1.0 at

red but same 2 angler 2.7 1.9 h

If sx worsen ☐ Call ☐ return to clinic ☐ Go to ER

Follow Up in 10 day(s) 1 week(s) if sx worsen PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.



NAME: Norman Allen  
 DATE: 10/14/01 CHART#: 248596  
 PCP: DF DOB: 11/24/1947  
 WT: BP T P R  
 ALLERGIES: Aspirin  
? Pain medicine

Ieds: \_\_\_\_\_ see med list (reviewed)

Walk in Visit \_\_\_\_\_

Ac Hx: smoker yes no \_\_\_\_\_

History \_\_\_\_\_

10 Neck & Back pain

ROS: \_\_\_\_\_ RIGHT LEFT OR BILATERAL AS APPROPRIATE

#### CONSTITUTIONAL

#### HEENT

#### RESPIRATORY

#### CARDIOVASCULAR

#### GASTROINTESTINAL

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> normal
<input type="checkbox"/> fever	<input type="checkbox"/> otalgia	<input type="checkbox"/> cough	<input type="checkbox"/> chest pain	<input type="checkbox"/> nausea
<input type="checkbox"/> chills	<input type="checkbox"/> ear discharge	<input type="checkbox"/> wheezing	<input type="checkbox"/> with exertion	<input type="checkbox"/> vomiting
<input type="checkbox"/> fatigue	<input type="checkbox"/> eye redness	<input type="checkbox"/> sputum	<input type="checkbox"/> edema	<input type="checkbox"/> diarrhea
<input type="checkbox"/> myalgia	<input type="checkbox"/> eye discharge	<input type="checkbox"/> hx of asthma	<input type="checkbox"/> diaphoresis	<input type="checkbox"/> constipation
<input type="checkbox"/> weight loss	<input type="checkbox"/> sore throat	<input type="checkbox"/> hemoptosis	<input type="checkbox"/> orthopnea	<input type="checkbox"/> hematochezia
<input type="checkbox"/> headache	<input type="checkbox"/> rhinorrhea	<input type="checkbox"/> dyspnea	<input type="checkbox"/> PND	<input type="checkbox"/> melena
<input type="checkbox"/> neck stiffness	<input type="checkbox"/> congestion		<input type="checkbox"/> syncope	
<input type="checkbox"/> rash	<input type="checkbox"/> purulent nas dischrg			

Physical Exam: \_\_\_\_\_ BILATERAL AS APPROPRIATE

#### CONSTITUTIONAL

#### HEENT

#### RESPIRATORY

#### CARDIOVASCULAR

#### ABDOMEN

<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> normal
<input type="checkbox"/> pale	<input type="checkbox"/> membranes dry	<input type="checkbox"/> wheezing	<input type="checkbox"/> murmur	<input type="checkbox"/> increase BS
<input type="checkbox"/> cyanosis	<input type="checkbox"/> enlarged tonsil	<input type="checkbox"/> rhonchi	<input type="checkbox"/> tachycardia	<input type="checkbox"/> decreased BS
<input type="checkbox"/> other	<input type="checkbox"/> pharynx exudate/eryth	<input type="checkbox"/> stridor	<input type="checkbox"/> dimin pulses	<input type="checkbox"/> tenderness
	<input type="checkbox"/> FM loss of landmarks	<input type="checkbox"/> prolonged expiration	<input type="checkbox"/> poor perfusion	<input type="checkbox"/> enlarged liver
	<input type="checkbox"/> conjunctival injection	<input type="checkbox"/> retractions	<input type="checkbox"/> Neck	<input type="checkbox"/> enlarged spleen
	<input type="checkbox"/> conj dischrg - eryth	<input type="checkbox"/> diminished sounds	<input type="checkbox"/> ant cerv LA	<input type="checkbox"/> inguinal adenopathy
	<input type="checkbox"/> rhinorrhea	<input type="checkbox"/> bronchial sound	<input type="checkbox"/> post cerv LA	<input type="checkbox"/> rebound
	<input type="checkbox"/> sinus tenderness		<input type="checkbox"/> supraclavicular LA	
	<input type="checkbox"/> purulent nasal dischrg		<input type="checkbox"/> stiffness	
			<input type="checkbox"/> meningismus	

① Back & Neck pain Occasional ES & AD  
 ② Colon Ca told to go for scheduled (checked) recheck  
 Consider Zantac 4mg bid

Follow up: \_\_\_\_\_ Call \_\_\_\_\_ return to clinic \_\_\_\_\_ Go to ER \_\_\_\_\_

Follow up in \_\_\_\_\_ day(s) 3 week(s) or if sx worsen if not resolved in \_\_\_\_\_ PRN

with PCP \_\_\_\_\_

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.



NAME: *Wanda Allen*  
DATE: *5-16-01* CHARTS:  
PCP: DOB:  
WT: BP T P R  
ALLERGIES:

*p/s*

Norman Allen

NAME:

DATE: 3.16.01 CHART#: 248596

PCP: D6. DOB: 11.24.47

WT: BP 122/70 T 98.6 F

ALLERGIES: Penicillin

not able to sleep.

Morson taken in sleep  
 & Hecory sleep & 24 hours  
 still not verbal & snoring  
 Hx: FxW down  
 USS-AF  
 Encl. 1R/5M

not left 8:40  
 ext: 3 ed

.T

h/out: NL

① Insomnia

Soma & help

Valium help but only at 20mg

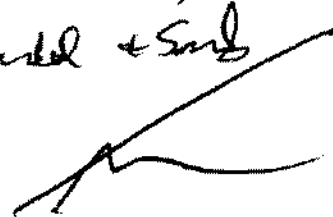
Trazodone & help at 100mg

Deltacene 30mg

CPE record

② Colon CA & follow

by Dr. Markel + Smith



Ref. Dr. Farzan

Allergies: Papil

Norman Allen P32899

11-24-47

978-725-5227

Int: MH

Meds: see med list.

10/30/00 Dr: Hx Colon Ca

Rx Colon sched. at LGH 11/16. Fleet phosphosoda  
prep info mailed to pt. no visit prior to exam.  
no referral or auth rec. stateno HF

/

x

NAME: *Norman Allen*  
DATE: *4-26-00* CHART#: *248596*  
PCP: *DF* DOB: *11/24/47*  
WT:      BP      T      P      R  
ALLERGIES:  
MEDS:

*Do  
Shaw*

Norman Allen

1-25-00. T.C. Rec. # for Rad: therapy given M.H.  
with # X30,375 per St/EG LFN.

Norman Allen  
DATE 1/24/00  
PUR. SF  
VO. 100/70  
ALLIANCE: NKDA  
MILANER  
MONTA

248596  
11-24-07

Pre-op Dr. Harley Date of Surg. 2/11/00

PRE-20

Allen Norman

12/27/99 RF Percut #100 T-TT 8 6° PRN pain #100  
R-phurur \_\_\_\_\_ KEEKIN

Norman Allen #248596

10/22/99 Dr. Fazio spoke w pts. wife & told her her husband has rectal Ca. She will call Dr. Mandell's office for an appt. Dr. Mandell's office notified - will fax results as they come in. asalem/TF

ofc. appt. w Dr. Mandell 10/28/99 -  
records fax'd - (E)

11-29-99 T.C. from LHH Sdc. stating pt needs Chest film for Aug 12/1 Dr. Mandell - Stat Chest X-ray req. left Sec ground floor for pt. who will present today. EKH. Paced. E.H. SN. ———



Patient: ALLEN, NORMAN      Age: 51(11/24/1947) Sex: I      Patient ID: P320899  
 Accession: L6072577      Ordered Date: 09/27/1999 Time: 10:12 AM  
 Dr: FARZAN, DAVID      Collected Date: 09/27/1999 Time: 1011A

## Comments:

Test Procedure	Results	Units	Normal Range	
-----	-----	-----	-----	
CBC with Differential				
White Blood Count	9.5	x1000/uL	3.8-11.0	R
Red Blood Cell Count	5.01	mil/uL	4.4-5.9	R
Hemoglobin	15.7	g/dL	13.0-18.0	R
Hematocrit	44.9	%	40-52	R
MCV	90	fL	80-99	R
MCH	31	pg	26-34	R
MCHC	35	g/dL	32-36	R
Platelet Count	215	x1000/uL	130-400	R
Neutrophils	66	%	45-70	R
Lymphocytes	26	%	20-44	R
Monocytes	6	%	2-12	R
Eosinophils	1	%	0-4	R
Basophils	1	%	0-2	R
Neutrophils (#)	6.3	x1000/uL	1.8-7.0	R

<CR> to continue:



Accession: L6072577 Ordered Date: 09/27/1999 Time: 10:12 AM

Dr: FARZAN, DAVID Cr ted Date: 09/27/1999 Ti .011A

Comments:

Test Procedure	Results	Units	Normal Range	
CBC with Differential				
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0	R
Monocytes (#)	0.6	x1000/uL	0-0.8	R
Eosinophils (#)	0.1	x1000/uL	0-0.45	R
Basophils (#)	0.1	x1000/uL	0-0.20	R
RBC Morphology	NORM			R

## Cardiac Risk/Lipid Profile

Cholesterol, Total	269	H	mg/dL	<200	R
Triglycerides	81		mg/dL	Fasting: <200	R
Cholesterol, HDL (Direct)	48		mg/dL	>35	R
Cholesterol, LDL (Calculated)	205		mg/dL		R
Without CHD		<2 risk factors		<160 mg/dL	
Without CHD		2 or more		<130 mg/dL	

<CR> to continue: cr  
cr

## Comments:

Test Procedure	Results	Units	Normal Range	
-----	-----	-----	-----	
CBC with Differential				
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0	R
Monocytes (#)	0.6	x1000/uL	0-0.8	R
Eosinophils (#)	0.1	x1000/uL	0-0.45	R
	With CHD		<100 mg/dL	
Chol/HDL Ratio	5.6	H	<4.97	R
LDL/HDL Ratio	4.3	H	<3.55	R
Prostate Specific Antigen	0.3	ng/mL	0-4.0	R
Glucose	89	mg/dL	Fasting: 65-109	R

&lt;CR&gt; to continue:

11/04/99 09:51 FAX 1817744538

TRANSCRIPTION --

248510

002

LAHEY CLINIC - BUR  
=====

TRANSCRIPTIO  
DATE/TIME: 11/4/99 0838

RADUNV

\*\*\*\*\* S T A T P R I N T O F F I N D I N G S \*\*\*\*\*  
RADIOLOGY DEPARTMENT: RADIOGRAPHIC FINDING AND SUMMARY

20

PATIENT NAME: ALLEN, NORMAN PATIENT LOCATION: OPD ROOM: -----

MRN: 000002074747 SEX: M BIRTHDATE: 11/24/947 AGE: 051

ORDER REASON:  
ENDO RECTAL/TUMOR  
FARZAN, DAVID MD  
PENTUCKET MEDICAL ASSOC.  
NORTH ANDOVER POST OFFICE PARK  
NO. ANDOVER, MA. 01845  
978-557-8800

ALLER & CHRON COND:  
NKMA

PRECAUT/ISOLAT: UIP,  
PATIENT HISTORY:  
NO NURSING HX,

PROCEDURE PERFORMED:  
TRANSRECTAL ULTRASOUND

RED #  
Q973940

REQUESTING PHYSICIAN:  
DIRECT REFERRAL DOCTOR

PERFORM DATE/TIME 11/03/99 0727

REPORT

ENDORECTAL ULTRASOUND EXAMINATION WAS PERFORMED. THE  
PATIENT IS A 54 YEAR OLD MALE WITH KNOWN ADENOCARCINOMA OF THE  
RECTUM AND THE ULTRASOUND WAS REQUESTED FOR STAGING. A 7 MHZ  
TRANSDUCER WAS USED. THE STUDY DEMONSTRATES A MASS IDENTIFIED  
IN THE LEFT POSTERIOR QUADRANT AND POSTERIORLY IN THE RECTUM  
INVOLVING APPROXIMATELY 30% OF THE CIRCUMFERENCE OF THE RECTUM  
LOCATED IN THE MID TO UPPER THIRD OF THE RECTUM. THE ANTERIOR  
AND RIGHT LATERAL ASPECT OF THE RECTAL WALL IS UNINVOLVED.  
THERE IS EVIDENCE OF INVASION OF THE MUSCULARIS PROPRIA WITH  
THICKENING AND NODULAR APPEARANCE TO THE MUSCULARIS PROPRIA. NO  
EVIDENCE FOR EXTENSION BEYOND THE MUSCULARIS PROPRIA INTO THE  
PERIRECTAL FAT. NO PERIRECTAL LYMPH NODES WERE IDENTIFIED.

IMPRESSION: ULTRASOUND STAGING OF THE KNOWN RECTAL LESION  
WOULD BE CONSIDERED A T2 LESION. THERE IS EVIDENCE OF INVASION  
AND INVOLVEMENT OF THE MUSCULARIS PROPRIA BUT NO EXTENSION  
BEYOND THE MUSCULARIS PROPRIA AND NO EVIDENCE FOR PERIRECTAL  
ADENOPATHY AS DESCRIBED. DR. HANDELL OF ANDOVER SURGICAL  
ASSOCIATES IN ANDOVER, MASS. WAS ADVISED OF THE FINDING.

RADIOLOGISTS:  
STAFF COSSI, ALBA F M.D. RESIDENT

M.D.

OWNED ON BY : LINDSTROM, PATRICIA A.

\*\*\*\*\*  
STAT PRINT OF RESULTS  
-DEST65  
-DEST HOME  
-DEST67 NPRT  
-UNV RADUNV

ADDRSLC1



1 General St.  
PO Box 189  
Lawrence, MA 01842-0189  
(978) 681-4000 X2741

Anatomic Pathology Report

NAME: ALLEN, NORMAN                      SEX: M                      S99-8199  
DOB: 24 NOV 1947                      AGE: 51                      HOSP#: 23152  
CLINICIAN: THOMAS L. FAZIO, M.D.                      BILLING#:  
ACC. DATE: 20 OCT 1999, 3:00PM                      COLL. DATE: 20 OCT 1999

**GROSS DESCRIPTION:**  
2464930--L1

CLINICAL HISTORY--RECTAL BLEEDING

SOURCE OF SPECIMEN--RECTAL MASS

Labeled Rectal Mass: The specimen consists of three biopsies of tan, soft tissue, the smallest measuring 0.1 cm. in diameter and the largest measuring 0.2 cm. in diameter. The entire specimen will be submitted in a single cassette.

WK:jmd

**DIAGNOSIS:**  
FRAGMENTS OF COLONIC MUCOSA WITH MUCINOUS ADENOCARCINOMA, MODERATELY DIFFERENTIATED, GRADE 2.

(SIGNATURE ON FILE)  
CHERYL A. ENNIS, M.D.  
jmd  
22OCT1999 7:34AM

PROCEDURES: 88305, N

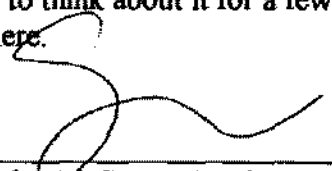
Anatomic Pathology Report

**NAME:** NORMAN ALLEN  
**DATE:** 04/05/2002

**DOB:** 11/24/1947

**MR#** 031444

**IMPRESSION & PLAN:** Metastatic rectal cancer, a year and a half after having completed postoperative treatments. I had a very extensive discussion with the patient and his wife regarding where to go from here. We talked about the potential benefit and palliative effect of chemotherapy and the modest prolongation of survival. We talked about the likelihood of response and the patient and his wife understood. He is going to think about it for a few days and I plan to see him on Thursday and we will then go from there.

  
\_\_\_\_\_  
Pedro M. Sanz-Altamira, M.D.

PMS/cr

DD: 04/05/2002

DT: 04/11/2002

cc: Jonathan Mandell, M.D.  
David Farzan, M.D.  
Liam J. Hurley, M.D.  
Astrid O. Peterson, M.D.

**PROGRESS NOTE**

248596

**NAME:** NORMAN ALLEN  
**DATE:** 04/05/2002

**DOB:** 11/24/1947

**MR#** 031444

**HISTORY OF PRESENT ILLNESS:** He comes for follow-up of his rectal cancer. He initially had a T3 N1 M0 grade 2 invasive adenocarcinoma of the rectum. He had one positive node. He had surgery, postoperative 5-FU and radiation, with the standard regimen where the 5-FU is given as a continuous infusion and the radiation is given daily in the middle of the adjuvant treatments, and finished a year and a half ago. He was doing initially well. He did not come for follow-up six months ago and did not have staging studies at that point. He has been feeling very poorly lately, has lost about 15 pounds, has some abdominal discomfort, and has noticed some fullness or possible masses in the epigastric area. He has been recently seen by Dr. Farzan who sent him for laboratory studies and a CT scan of the abdomen and pelvis and he has been found to have lesions in the liver. He continues to smoke. He actually never quit.

**PAST MEDICAL HISTORY:**

1. Rectal cancer, as above.
2. Seizure disorder with the last episode three years ago.
3. Anxiety and alcoholism in the past.
4. COPD and smoking history.
5. Benign lung tumor removed 12 years ago.
6. Urinary retention, which required a suprapubic catheter for a number of months, resolved over a year ago.

**REVIEW OF SYSTEMS:** Negative now for mental changes, chest pains, palpitations, ophthalmology changes, or skin changes.

**PHYSICAL EXAMINATION:** Alert and oriented pleasant gentleman in no distress. His weight is 132 pounds, which is 10 pounds less on our scale. Blood pressure is 98/60.

Respiratory rate and pulse are normal. Mental status normal. Speech normal.

HEENT: Extraocular movements intact. No jaundice. Mouth clear. No sores.

NECK: Supple. No cervical, supraclavicular or axillary adenopathy.

LUNGS: Clear with decreased breath sounds on both sides; his baseline from the COPD.

HEART: Regular without murmurs.

ABDOMEN: Soft, but he has a fullness in the right upper quadrant and epigastric area.

EXTREMITIES: No edema. No calf tenderness.

**LABORATORY DATA:** Review of the CT scan at the Radiology Department actually does show significant liver involvement. This is totally consistent with metastatic disease from the rectal cancer. He has several lesions in both lobes.

**CONTINUED:**

**PROGRESS NOTE**



248596

**NAME:** NORMAN ALLEN  
**DATE:** 03/23/2001

**DOB:** 11/24/1947

**MR#** 031444

**HISTORY OF PRESENT ILLNESS:** He comes for follow-up of his rectal cancer. He had a T3 N1 M0 grade II invasive adenocarcinoma of the rectum. He had one positive node. He underwent surgery, postoperative 5-FU and radiation as published in the New England Journal in 1994 with the concomitant radiation and continuous infusion of 5-FU in the middle of the regimen. He finished about six months ago and has been doing well. He has had problems with bowel movements, which have improved very clearly with Imodium, which he now only takes on a p.r.n. basis. A recent colonoscopy was negative even though he was found to have a little bit of blood in his stool. He has no new issues with the urine in spite of the previous retention and the suprapubic catheter that was pressing there for a number of months. He has been having a hard time sleeping for which he has been using a high dose of benzodiazepines, and he has been having a very erratic sleeping pattern. He denies other issues. He continues to smoke.

**PAST MEDICAL HISTORY:**

1. Rectal cancer, as above.
2. Seizure disorder with the last episode in 1999.
3. Anxiety and alcoholism in the past.
4. A benign lung tumor removed 11 years ago.

**REVIEW OF SYSTEMS:** Negative for mental changes, speech problem, shortness of breath or vomiting.

**PHYSICAL EXAMINATION:** Alert and oriented pleasant gentleman in no distress. His weight is 141 pounds, which is a few less than last time. Blood pressure is 100/50. Mental status normal. Speech normal.

**HEENT:** Extraocular movements intact. Mouth clear. No sores.

**NECK:** Supple. No cervical, supraclavicular or axillary adenopathy. He has very poor dentition. No thyromegaly.

**LUNGS:** Clear bilaterally with decreased breath sounds on both sides, which is his baseline from the heavy smoking history.

**HEART:** Regular without murmurs.

**ABDOMEN:** Soft and nontender. No organomegaly. Very well healed surgical scars. Positive bowel sounds. He has a Port-a-Cath in place in the left upper part of the chest.

**EXTREMITIES:** No calf tenderness.



**PROGRESS NOTE**

**NAME:** NORMAN ALLEN  
**DATE:** 03/23/2001

**DOB:** 11/24/1947

**MR#** 031444

**IMPRESSION:** 53-year-old gentleman with rectal cancer with no evidence of disease right now coming for follow-up. I plan to obtain scans and laboratory studies again in six months and go from there. He knows to call if there are any problems. I will send him to see Dr. Mandell for removal of the Port-a-Cath. I told him to try to stay away from all of those benzodiazepines and try to fall asleep more or less at the same time in the evening everyday. Will see what happens.



Pedro M. Sanz-Altamira, M.D.

PMS/cr

DD: 03/23/2001

DT: 03/25/2001

cc: Jonathan Mandell, M.D.  
David Farzan, M.D.  
Liam John Hurley, MD  
Thomas Fazio, M.D.  
Astrid O. Peterson, M.D.

**PROGRESS NOTE**

Ch # 248596

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

J. Farzon

## OPERATIVE REPORT

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: DISCH:

SURGEON: JONATHAN D. MANDELL, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal carcinoma.

POSTOPERATIVE DIAGNOSIS: Rectal carcinoma. *W*

OPERATION: Exploratory laparotomy, low anterior resection of the rectum.

ASSISTANT: Dr. Landay

ANESTHESIA: General endotracheal.

## INDICATIONS:

This is a 51-year-old gentleman who presents with hematochezia. Colonoscopy showed a rectal carcinoma that was about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed negative disease in the liver and a rectal ultrasound showed the tumor was probably full thickness through the bowel wall with negative lymph nodes. He is now for low anterior resection of the rectum, possible abdominoperineal resection. Risks of the procedure were discussed and he agrees to proceed. He completed a mechanical bowel preparation as an outpatient. At the beginning of the operation, Dr. Liam Hurley of urology placed bilateral ureteral stents.

## PROCEDURE:

On December 1, 1999, the patient was admitted through same day surgery. He received 3 grams of Unasyn preoperatively. He was brought to the operating room, placed on the operating room table in the supine position. Following the smooth induction of general endotracheal anesthesia, he was placed in a modified perineal lithotomy position. First, Dr. Hurley placed bilateral ureteral stents. See his portion of dictation for that part of the procedure. The abdomen and perineum were then prepped and draped in a sterile manner. A lower midline abdominal incision was made. Peritoneal cavity was entered. The peritoneal surfaces were smooth with no studding. The liver felt normal. The nasogastric tube was palpated in good position in the stomach. The small bowel was run from the ligament of Treitz to the cecum and was normal. The ascending colon, transverse colon, descending colon and sigmoid

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

## OPERATIVE REPORT - Page 2

colon were palpated and felt normal. At approximately the level of the peritoneal reflection on the anterior surface of the rectum there was puckering of the peritoneum and a mass was palpated at that location consistent with a rectal carcinoma. It was mobile. A Bookwalter self-retaining retractor was used. The left lateral peritoneal reflection of the sigmoid colon was incised and the sigmoid mesentery mobilized. The left ureter was identified and palpated and visualized. A point of division of the sigmoid colon was selected at the apex of the sigmoid loop. The serosal surface at this location was cleaned. A GIA stapler was used to divide the colon at this location. The mesentery was then scored from this location down to the sacral promontory and the mesentery to the colon at this location was divided between Kelly clamps and ligated between 0 Vicryl ties. Both the left and right ureter were identified, both by visualization and palpation. A finger was passed beneath the superior hemorrhoidal vessels and this vascular pedicle was ligated between Kelly clamps and tied with 0 Vicryl ties. The peritoneum was then incised down along the left and right side of the rectum and then around anteriorly. The mesorectum was then mobilized by first entering the relatively avascular plane in front of the sacrum with electrocautery and blunt dissection. In this plane, dissection was then taken down distally in the midline and on either side was taken down with electrocautery and with large hemoclips. Care was taken to palpate the left and right ureter intermittently during this portion of the procedure and these were kept well lateral to the points of dissection. The left and right side of the rectum was then mobilized by dividing the mesorectum and adjacent tissues between right angle clamps and ligated with 0 Vicryl ties. The lateral stalks of the rectum on either side were identified and divided between right angle clamps and ligated with 0 Vicryl ties. Dissection then proceeded anteriorly with the electrocautery and with blunt dissection. As this was done, it was possible to deliver the tumor and rectum up out of the pelvis. The seminal vesicle on either side was identified and swept off of the rectum. There was some slight thickening palpated adjacent to the seminal vesicle on the patient's left side. This was kept in continuity with the rectum and this thickening was dissected laterally away from the pelvis, taking care to palpate the ureter during this portion of the procedure and the ureter was avoided. A combination of blunt and sharp dissection was then used to dissect distally beyond the level of the tumor down towards the level of the coccyx. This was done circumferentially around the rectum. When all of the rectum mobilization had been completed, it was possible to see the rectum at a point at least 5-6 cm beyond the palpable area of the rectal tumor. A finger was passed into the anus and used to palpate within the rectum and after delivering the rectum out of the pelvis and delivering the tumor out of the pelvis it was not possible to palpate the tumor through the anus with the examining finger. No tumor nodules were palpated within the lumen of the rectum with this maneuver and the point of the examining

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

## OPERATIVE REPORT - Page 3

finger was seen on the rectal wall through the pelvis and the tip of this finger was approximately 5 cm distal to the gross tumor that was visible and palpable in the rectum.

Decision was made to proceed with low anterior resection of the rectum with primary re-anastomosis with the EEA circular stapler device. First, 3-0 silk stay sutures were placed anteriorly and on each lateral side of the rectum at the point selected for division of the rectum. The rectum was then divided just proximal to these stay sutures with electrocautery. The specimen was inspected. The specimen after removal despite some contraction of the bowel showed that the gross tumor was at least 3-4 cm proximal to the distal margin of division. The specimen was sent to pathology. Frozen section of the distal margin of the specimen at three separate places was negative for any carcinoma. A 3-0 Prolene suture was then used in a baseball-type spiral stitch to form a pursestring using full thickness bites of the distal rectal stump. The proximal colon was then cleaned on its serosal surface of any fatty tissue for about 2 cm proximal to the GIA staple line and the GIA staple line was excised. A 3-0 Prolene suture was then used to create a pursestring around the end of the proximal colon in a similar baseball-type running suture. The EEA sizers were then used and the distal rectal lumen was sized at 31 mm. The 31 mm EEA stapler was selected. The anvil was removed from the stapler device. The anvil was placed within the proximal colon lumen and the proximal pursestring tightened securely. Additional 3-0 Vicryl sutures were used to cinch up the pursestring around the anvil. The EEA stapler was then introduced through the anus and the shaft of the stapler device extended. This was brought through the distal pursestring and then the distal pursestring was cinched up and tightened around the shaft of the EEA stapler. After this was done, additional 3-0 Vicryl sutures were used to cinch up the pursestring around the shaft of the stapler device. The anvil was then attached to the shaft of the stapler device and the stapler device closed. Care was taken to see the green bar within the window of the EEA stapler device. No other tissues were palpated within the EEA anastomosis and the stapler device was fired after releasing the safety. The stapler device was then opened two revolutions and stapler device removed from the rectum. The anvil was removed from the stapler device and both doughnuts were inspected and were intact. The Prolene sutures pursestring at each of the doughnuts was cut to ensure that both doughnuts were intact and these were inspected and the mucosal ring was intact at both doughnuts. The proximal and distal doughnut was sent to pathology labeled proximal and distal doughnut separately. 3-0 silk horizontal mattress sutures were then placed anteriorly across the anastomosis.



ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 4

After this was done, a balloon-tipped rectal insufflation catheter was used. The tip of the catheter was inserted into the anus with the inflated balloon outside of the anus and air was insufflated through the rectal catheter into the rectum. The pelvis was filled with fluid and the colon proximal to the anastomosis was palpated and was felt to distend with the insufflated air. No bubbling of the pelvic fluid was noted indicating that there was no air leak from the anastomosis. The rectal catheter was removed.

The pelvis was irrigated. Hemostasis was obtained with electrocautery. Hemostasis was excellent at the end of the procedure. The small bowel was placed back in its in situ position. A single #10 flat Jackson-Pratt drain was brought out through a separate right lower quadrant stab wound and the drain was placed in the pelvis but kept away from the anastomosis. The drain was sutured to the skin with 3-0 Prolene suture. The midline fascia was closed with a running #2 nylon suture started at either pole of the incision and tied at the midpoint. The subcutaneous fat was irrigated. Hemostasis was obtained with electrocautery. The skin was closed with staples. Sponge, needle and instrument count were all correct at the end of the procedure. Plan was for extubation in the operating room and transport to Post-Anesthesia Care Unit in stable condition, having tolerated the procedure well.

---

JONATHAN D. MANDELL, M.D.

10828

DD: 12/01/1999

DT: 12/02/1999 08:21

Job # 20309

cc: Dr. David Farzan  
Dr. Fazio



**Lawrence  
General  
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Lawrence, MA 01842-0389  
(978) 946-8115  
(978) 946-8189 Fax

### ONCOLOGY REPORT

<b>NAME:</b> ALLEN, NORMAN G	<b>DOB:</b> 11/24/1947	<b>MR#:</b> 023152
	<b>SEX:</b> M	<b>ACCT#:</b> 2598624
<b>REFERR:</b> SANZ-ALTAMIRA, PEDRO	<b>MSV:</b> ONC	<b>PT:</b> B
	<b>ROOM:</b> / -	
<b>ADMIT:</b> 07/13/2000	<b>DISCH:</b>	

This is a 52-year-old man with stage 3 rectal cancer, undergoing postoperative chemotherapy and radiation. He has had a very hard time with the combined modality part of the treatment which was finally completed in the last few weeks. He has had episodes of diarrhea, abdominal cramps, dehydration, nausea, vomiting and abnormalities in his electrolytes. He was also having a hard time with suprapubic catheter and urinary retention which has finally been resolved. He is now feeling much better, eating well, gaining weight without nausea or vomiting but is still smoking very heavily.

#### PAST HISTORY:

1. Stage 3 rectal cancer as above
2. Seizure disorder, last episode in 1999
3. History of rheumatic pain and fibromyalgia
4. Alcoholism in the past
5. Anxiety
6. History of benign lung tumor removed 10 years ago

Review of systems is negative for mental changes, speech problems, shortness of breath, vomiting and skin problems.

Physical examination reveals an alert, oriented, pleasant gentleman in no distress. Mental status is normal. Speech is normal. Weight is 146 lbs. BP is 111/51, respiratory rate is 16, pulse 84. Mouth is clear, no sores. EOMs intact. There is no jaundice. Neck is supple. There is no cervical, supraclavicular or axillary adenopathy. Lungs are grossly clear bilaterally with somewhat decreased breath sounds on both sides which is baseline. The heart is regular, there are no murmurs. Abdomen is soft and nontender. There is no organomegaly. There are positive bowel sounds. There is a well-healed midline surgical scar. A suprapubic catheter scar has healed completely. Extremities have no edema. There is no tenderness.

**LABORATORY STUDIES:** CEA 2.1, WBC 6.9, hematocrit 43.7%, platelet count 112, differential is normal. This is a 52-year-old male coming in for follow-up of his rectal cancer. We will continue with chemotherapy as planned. Starting next Monday he is due to receive five days of 5-FU given as IV push doses. We will give him appropriate



08/02/00 13:11:00 LSH HIS r tment->

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Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT

antiemetics before the chemotherapy. I will see him in follow-up after these five days and about a week later to check electrolytes, blood counts and his overall clinical condition.

---

Pedro M. Sanz-Alamira, M.D.

7870 / ON / bjs  
DD: 07/13/2000 11:02  
TT: 08/02/2000 12:50

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

06/15/00 13:47:57

LGH HIS De tment-&gt;

9705213210 LGH alth Info Sys. Page 003

248596



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(978) 946-8169 Fax

## ONCOLOGY CONSULTATION

**NAME:** ALLEN, NORMAN G      **DOB:** 11/24/1947      **MR#:** 023152  
**SEX:** M      **ACCT#:** 2596188  
**REFERR:** SANZ-ALTAMIRA, PEDRO      **MSV:** ONC      **PT:** B  
**ROOM:** /-  
**ADMIT:** 06/15/2000      **DISCH:**

**DATE OF CONSULTATION:** 06/15/00

The patient is a 52 -year-old gentleman with stage III rectal cancer, undergoing postoperative chemotherapy and radiation. He has received two full cycles of 5-FU followed by continuous infusion of 5-FU with radiation therapy. He has had two major interruptions because of toxicity and is finally finishing radiation this week. He is still due to get one additional week of continuous infusion of chemotherapy as part of his regimen. He has been getting a little bit better over the last several days and a problem with urinary retention with a stone and suprapubic catheter is now resolved and he is also ore optimistic. He has been noticing burning when passing urine over the past day or two and continues to smoke heavily.

### PAST MEDICAL HISTORY:

1. Stage III rectal cancer as above
2. Seizure disorder, the last episode of which happened in 1999
3. History of rheumatic pain and fibromyalgia
4. Alcoholism in the past
5. History of a benign lung tumor removed 10 years ago

**REVIEW OF SYSTEMS:** Negative for mental changes, speech problems, shortness of breath or vomiting.

**PHYSICAL EXAMINATION:** This is an alert, oriented, oriented, pleasant gentleman in no distress. Pulse is 72, respiratory rate is 18, BP 94/59, weight 138½ lbs., which is 2½ lbs. more than the last time he was here. Mental status normal. Speech normal. EOMs intact. No jaundice. No alopecia. Mouth clear; no sores. Neck is supple; no thyromegaly. No cervical, supraclavicular or axillary adenopathy. Lungs are significant for decreased breath sounds on both sides and scattered wheezes, crackles and rhonchi. Heart is regular; no murmurs. Abdomen is soft and nontender. The site of the suprapubic catheter does not appear infected. The catheter is no longer there and the opening is closing well. He has a well-healed surgical scar. No organomegaly, positive bowel sounds. Extremities have no edema. No calf tenderness.

**LABORATORY STUDIES:** Sodium 138, potassium 4.9, BUN 13, creatinine .6, calcium 9.7, WBC 6.5, hematocrit 44.3%, MCV 96.5, platelet count 259; differential is normal.

06/15/00 13:48:31 L&amp;H HIS Dr -tment-&gt;

9785213218 L&amp;P Health Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

## CONSULTATION

**IMPRESSION:** This is a 52 -year-old gentleman coming in for adjuvant therapy of stage III (T3 N1) rectal cancer. We plan to continue he treatments; he needs to finish the radiation which will happen this week and continued infusion of chemotherapy today, which will finish next week. He will be back for follow-up in four weeks and will then be due to get another five days in a row treatment of 5-FU.

I plan to collect a sample of urine because of his symptoms and culture it. I will start him on Bactrim for five days.

He will let me know should any problems develop or should this urinary complaint not clear.

---

Pedro M. Sanz-Altamira, M.D.

28102 / CN / bjs

DD: 06/15/2000 11:04

TT: 06/15/2000 13:26

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.



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#248596

## ONCOLOGY REPORT

**NAME:** ALLEN, NORMAN G      **DOB:** 11/24/1947      **MR#:** 023152  
**SEX:** M      **ACCT#:** 2583558  
**REFERR:** SANZ-ALTAMIRA, PE      **MSV:** ONC      **PT:** B  
**ROOM:** 1-  
**DISCH:** 5/25/00

### CLINICAL HISTORY:

This is a fifty-two year old man with stage III rectal cancer, undergoing post-operative chemotherapy and radiation. He became dehydrated following significant diarrhea with the combined radiation and chemotherapy treatment. We had to delay the chemotherapy and stop the radiation for a few days and he has been recently restarted. He is due to get two more weeks of the combined modality treatment and following that, he will have the last two cycles of 5FU chemotherapy. He continues to smoke heavily. The patient is now better than what he was two weeks ago.

### PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Seizure disorder; last episode 1999.
3. History of rheumatic pains and fibromyalgia.
4. Alcoholism in the past.
5. History of benign lung tumor removed ten years ago.
6. Anxiety.

### REVIEW OF SYSTEMS:

Negative for mental changes, speech problems, shortness of breath or vomiting. He has a suprapubic catheter with urinary retention.

### PHYSICAL EXAMINATION:

Alert and oriented, pleasant gentleman, in no distress. Mental status normal. Speech normal.

**VITAL SIGNS:** Normal with a blood pressure of 96/67, pulse 86, respiratory rate 18, temperature 98 degrees. His weight is 136 lbs.

**HEENT:** Extraocular movements intact. No jaundice. No alopecia. Mouth clear. No sores.

**NECK:** Supple. No thyromegaly. No cervical, supraclavicular, or axillary adenopathy.

**LUNGS:** Significant for decreased breath sounds on both sides and scattered wheezes and crackles.

**HEART:** Regular. No murmurs.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT

**PHYSICAL EXAMINATION:** (Continued)

ABDOMEN: Soft. Non-tender. The suprapubic catheter site does not appear infected or irritated. He has a well healed surgical scar. No organomegaly. Positive bowel sounds.

EXTREMITIES: No edema. No calf tenderness.

**LABORATORY DATA:**

White blood cell count 7.0, hematocrit 41.2%, MCV 94.6, platelet count 246,000, BUN 10, creatinine 0.7, sodium 140, potassium 4.2.

**IMPRESSION:**

Stage III (T3-N1) rectal cancer, undergoing chemotherapy and radiation. We plan to continue the treatments for now. I plan to have him back for follow up in three weeks when he will be completely done, hopefully, with the combined modality part of the protocol and we will recheck his electrolytes and blood counts. In any case, he knows to call should any problem develop again between now and then.

---

Pedro M. Sanz-Altamira, M.D.

20831 / ON / br

DD: 05/25/2000 13:02

TT: 05/26/2000 11:41

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

*Handwritten signature: Pedro M. Sanz-Altamira*

DISCHARGE SUMMARY

PATIENT: ALLEN, NORMAN

023152 PEDRO M. SANZ-ALTAMIRA, M.D.

ADMIT: 04/24/2000

DISCH: 04/25/2000

The patient is a 52-year-old male who came for initiation of chemotherapy for his rectal cancer. He initially had rectal bleeding in the second half of 1999 and weight loss and had both dark as well as red blood with bowel movements which was intermittent. He underwent a rectal exam which was initially negative, a colonoscopy which showed a lesion 6-8 cm from the anal verge, and underwent biopsies which were positive for adenocarcinoma. He had a negative colonoscopy otherwise. A CT scan of the abdomen and pelvis was negative for metastatic disease to the liver and he underwent low anterior resection in December 1999. He had adenocarcinoma of the rectum that had infiltrated into the perirectal adipose tissue and it was identified less than 1 mm away from the inked serosal margin of excision. He had lymphatic invasion and one out of six lymph nodes was involved. He therefore has stage 3 (T3 N1 M0, G2 with very close margins) and has been receiving postoperative chemotherapy with 5-FU. He was now due to start a block of treatments where 5-FU is given as a continuous infusion for 35 days in a row with a pump and the help of a home infusion company. He will also have five weeks of radiation therapy Monday through Friday. He was started on chemotherapy yesterday, has tolerated it very well, and is now ready to be discharged home in a stable clinical condition to continue his chemotherapy there. I will follow him as an outpatient at the Oncology Clinic in about two weeks.

PROBLEM LIST:

1. Stage 3 rectal cancer, as above.
2. Seizure disorder, last episode 1 1/2 years ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed by thoracotomy ten years ago from the left side.
5. Urinary retention. He has a suprapubic catheter in place.

In any case, he will come to the clinic in two weeks and knows to call if there are any problems.

PEDRO M. SANZ-ALTAMIRA, M.D.

10828

DD: 04/25/2000

DT: 04/25/2000 11:14

Job#09543

ALLEN, NORMAN

023152

PEDRO M. SANZ-ALTAMIRA, M.D.

DISCHARGE SUMMARY - Page 2

cc: Astrid Peterson, M.D.  
David Farzan, M.D.  
Jonathan Mandell, M.D.  
Santos Shetty, M.D.  
Thomas Fazio, M.D.



248596

**NAME:** NORMAN ALLEN**DOB:** 11/24/1947**MR#** 031444**DATE:** 04/05/2002

**HISTORY OF PRESENT ILLNESS:** He comes for follow-up of his rectal cancer. He initially had a T3 N1 M0 grade 2 invasive adenocarcinoma of the rectum. He had one positive node. He had surgery, postoperative 5-FU and radiation, with the standard regimen where the 5-FU is given as a continuous infusion and the radiation is given daily in the middle of the adjuvant treatments, and finished a year and a half ago. He was doing initially well. He did not come for follow-up six months ago and did not have staging studies at that point. He has been feeling very poorly lately, has lost about 15 pounds, has some abdominal discomfort, and has noticed some fullness or possible masses in the epigastric area. He has been recently seen by Dr. Farzan who sent him for laboratory studies and a CT scan of the abdomen and pelvis and he has been found to have lesions in the liver. He continues to smoke. He actually never quit.

**PAST MEDICAL HISTORY:**

1. Rectal cancer, as above.
2. Seizure disorder with the last episode three years ago.
3. Anxiety and alcoholism in the past.
4. COPD and smoking history.
5. Benign lung tumor removed 12 years ago.
6. Urinary retention, which required a suprapubic catheter for a number of months, resolved over a year ago.

**REVIEW OF SYSTEMS:** Negative now for mental changes, chest pains, palpitations, ophthalmology changes, or skin changes.

**PHYSICAL EXAMINATION:** Alert and oriented pleasant gentleman in no distress. His weight is 132 pounds, which is 10 pounds less on our scale. Blood pressure is 98/60. Respiratory rate and pulse are normal. Mental status normal. Speech normal.  
**HEENT:** Extraocular movements intact. No jaundice. Mouth clear. No sores.  
**NECK:** Supple. No cervical, supraclavicular or axillary adenopathy.  
**LUNGS:** Clear with decreased breath sounds on both sides; his baseline from the COPD.  
**HEART:** Regular without murmurs.  
**ABDOMEN:** Soft, but he has a fullness in the right upper quadrant and epigastric area.  
**EXTREMITIES:** No edema. No calf tenderness.

**LABORATORY DATA:** Review of the CT scan at the Radiology Department actually does show significant liver involvement. This is totally consistent with metastatic disease from the rectal cancer. He has several lesions in both lobes.

**CONTINUED:****PROGRESS NOTE**

LAWRENCE GENERAL HOSPITAL  
1 GENERAL ST. P.O. BOX 189  
LAWRENCE, MA 01842-0389

DISCHARGE SUMMARY

*DiFazio*  
248 596

PATIENT: ALLEN, NORMAN

023152 PEDRO M. SANZ-ALTAMIRA, M.D.

ADMIT: 04/24/2000

DISCH: 04/25/2000

The patient is a 52-year-old male who came for initiation of chemotherapy for his rectal cancer. He initially had rectal bleeding in the second half of 1999 and weight loss and had both dark as well as red blood with bowel movements which was intermittent. He underwent a rectal exam which was initially negative, a colonoscopy which showed a lesion 6-8 cm from the anal verge, and underwent biopsies which were positive for adenocarcinoma. He had a negative colonoscopy otherwise. A CT scan of the abdomen and pelvis was negative for metastatic disease to the liver and he underwent low anterior resection in December 1999. He had adenocarcinoma of the rectum that had infiltrated into the perirectal adipose tissue and it was identified less than 1 mm away from the inked serosal margin of excision. He had lymphatic invasion and one out of six lymph nodes was involved. He therefore has stage 3 (T3 N1 M0, G2 with very close margins) and has been receiving postoperative chemotherapy with 5-FU. He was now due to start a block of treatments where 5-FU is given as a continuous infusion for 35 days in a row with a pump and the help of a home infusion company. He will also have five weeks of radiation therapy Monday through Friday. He was started on chemotherapy yesterday, has tolerated it very well, and is now ready to be discharged home in a stable clinical condition to continue his chemotherapy there. I will follow him as an outpatient at the Oncology Clinic in about two weeks.

PROBLEM LIST:

1. Stage 3 rectal cancer, as above.
2. Seizure disorder, last episode 1 1/2 years ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed by thoracotomy ten years ago from the left side.
5. Urinary retention. He has a suprapubic catheter in place.

In any case, he will come to the clinic in two weeks and knows to call if there are any problems.

PEDRO M. SANZ-ALTAMIRA, M.D.

10828

DD: 04/25/2000

DT: 04/25/2000 11:14

Job#09543

ALLEN, NORMAN

023152

PEDRO M. SANZ-ALTAMIRA, M.D.

DISCHARGE SUMMARY - Page 2

cc: Astrid Peterson, M.D.  
David Farzan, M.D.  
Jonathan Mandell, M.D.  
Santos Shetty, M.D.  
Thomas Fazio, M.D.

248576



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*Dr. [Signature]*

## ONCOLOGY REPORT

**NAME:** ALLEN, NORMAN G

**DOB:** 11/24/1947

**MR#:** 023152

**SEX:** M

**ACCT#:** 2583558

**REFERR:** SANZ-ALTAMIRA, PE

**MSV:** ONC

**PT:** B

**ADMIT:** 05/25/2000

**ROOM:** /-

**DISCH:** 5/25/00

### CLINICAL HISTORY:

This is a fifty-two year old man with stage III rectal cancer, undergoing post-operative chemotherapy and radiation. He became dehydrated following significant diarrhea with the combined radiation and chemotherapy treatment. We had to delay the chemotherapy and stop the radiation for a few days and he has been recently restarted. He is due to get two more weeks of the combined modality treatment and following that, he will have the last two cycles of 5FU chemotherapy. He continues to smoke heavily. The patient is now better than what he was two weeks ago.

### PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Seizure disorder; last episode 1999.
3. History of rheumatic pains and fibromyalgia.
4. Alcoholism in the past.
5. History of benign lung tumor removed ten years ago.
6. Anxiety.

### REVIEW OF SYSTEMS:

Negative for mental changes, speech problems, shortness of breath or vomiting. He has a suprapubic catheter with urinary retention.

### PHYSICAL EXAMINATION:

Alert and oriented, pleasant gentleman, in no distress. Mental status normal. Speech normal.

**VITAL SIGNS:** Normal with a blood pressure of 96/67, pulse 86, respiratory rate 18, temperature 98 degrees. His weight is 136 lbs.

**HEENT:** Extraocular movements intact. No jaundice. No alopecia. Mouth clear. No sores.

**NECK:** Supple. No thyromegaly. No cervical, supraclavicular, or axillary adenopathy.

**LUNGS:** Significant for decreased breath sounds on both sides and scattered wheezes and crackles.

**HEART:** Regular. No murmurs.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

**ONCOLOGY REPORT**

**PHYSICAL EXAMINATION:** (Continued)

**ABDOMEN:** Soft. Non-tender. The suprapubic catheter site does not appear infected or irritated. He has a well healed surgical scar. No organomegaly. Positive bowel sounds.

**EXTREMITIES:** No edema. No calf tenderness.

**LABORATORY DATA:**

White blood cell count 7.0, hematocrit 41.2%, MCV 94.6, platelet count 246,000, BUN 10, creatinine 0.7, sodium 140, potassium 4.2.

**IMPRESSION:**

Stage III (T3-N1) rectal cancer, undergoing chemotherapy and radiation. We plan to continue the treatments for now. I plan to have him back for follow up in three weeks when he will be completely done, hopefully, with the combined modality part of the protocol and we will recheck his electrolytes and blood counts. In any case, he knows to call should any problem develop again between now and then.

---

Pedro M. Sanz-Altamira, M.D.

20831 / ON / br

DD: 05/25/2000 13:02

TT: 05/26/2000 11:41

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

05/19/00 12:36:45

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---

**ONCOLOGY REPORT**

---

**NAME:** ALLEN, NORMAN G**DOB:** 11/24/1947**MR#:** 023152**SEX:** M**ACCT#:** 2580039**REFERR:** SANZ-ALTAMIRA, PE**MSV:** MED**PT:** B**ROOM:** / -**ADMIT:** 05/18/2000**DISCH:**

**HISTORY OF PRESENT ILLNESS:** The patient is a 52-year-old man with locally advanced rectal cancer, Stage 3 (T3 N1 M0) who is undergoing postoperative chemotherapy and radiation. He had too many problems with nausea, vomiting, diarrhea, abdominal cramps, dehydration and was feeling really bad and we held both the chemotherapy and the radiation for a number of days. He had no radiation Thursday and Friday last week which, added to the weekend, gave him four days off. I also stopped the chemotherapy for a week. He has been getting a little bit better now, the stools have been more formed, and essentially his symptoms are otherwise gone. He continues to smoke heavily.

**REVIEW OF SYSTEMS:** Negative for mental status changes, speech problems. He has a suprapubic catheter with urinary retention. He has no nausea or vomiting.

**PAST MEDICAL HISTORY:**

1. Stage 3 rectal cancer, as above.
2. Significant lower gastrointestinal toxicity from 5FU and radiation, as above.
3. Seizure disorder, last episode in 1999.
4. History of rheumatic pains and fibromyalgia.
5. Alcoholism in the past.
6. Significant anxieties.
7. History of benign lung tumor removed 10 years ago.

**PHYSICAL EXAMINATION:**

**GENERAL:** Alert and oriented, thin, pleasant gentleman in no distress.

**WEIGHT:** 134 pounds which is 3 less than last time he was here.

**VITAL SIGNS:** Blood pressure 115/73. Respiratory rate 16. Pulse 86.

**MENTAL STATUS:** Normal.

**SPEECH:** Normal.

**HEENT:** Extra-ocular movements intact. No jaundice. No alopecia. Mouth: Clear. No sores.



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Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

## ONCOLOGY REPORT

NECK: Supple. No thyromegaly. No cervical, supraclavicular, axillary adenopathy.

LUNGS: Clear bilaterally but he has decreased breath sounds on both sides which is baseline.

HEART: Regular.

ABDOMEN: Soft and nontender. The suprapubic catheter site does not appear infected or irritated. He has a well-healed surgical scar. No organomegaly. Hyperactive bowel sounds.

EXTREMITIES: No edema. No calf tenderness.

LABORATORY STUDIES: Sodium 138, potassium 4.2, creatinine 0.7, BUN 13, WBC 7.7, hematocrit 40.1%, MCV 91, platelet count 216,000. The differential is normal.

IMPRESSION: Rectal cancer with significant toxicity from chemotherapy and radiation with now significant improvement in his symptoms after giving him some time off. I plan to restart the chemotherapy now. He will hopefully be able to complete the second half of the part of the treatment that involves combined modality radiation and chemotherapy. I will see him for follow-up in a week and re-check the electrolytes just in case. He will continue his daily radiation which is expected to be completed some time in the middle of June. He knows to call should any problem develop anyway.

---

Pedro M. Sanz-Allamira, M.D.

18141 / ON / kmm

DD: 05/18/2000 10:09

TT: 05/19/2000 12:22

CC: David R. Farzan, M.D.  
Thomas L. Fazio, M.D.  
Liam J. Hurley, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.



04/14/00 13:22:19 LGH HIS I rtment-&gt;

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1 General Street  
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## HEMATOLOGY/ONCOLOGY CONSULTATION

**NAME:** ALLEN, NORMAN G

**DOB:** 11/24/1947

**MR#:** 023152

**REFERR:** MANDELL, JONATHAN

**SEX:** M

**ACCT#:** 2562420

**MSV:** SUR

**PT:** S

**ADMIT:** 04/14/2000

**ROOM:** / -

**DISCH:**

**DATE OF CONSULTATION:** 04/13/00

Mr. Allen is a 52 -year-old gentleman with stage III rectal cancer undergoing postoperative chemotherapy as part of an overall plan of chemotherapy and radiation therapy. He had one out of six lymph nodes involved. He has gone through two cycles of 5-FU chemotherapy and is now due to get a porta cath to start a continuous infusion of 5-FU daily for 35 days as well as daily radiation therapy for the same period. The plan is to start these treatments towards the last week of April. He has been having weakness and difficulty sleeping but no pain or discomfort. He has had no GI toxicity. He still has a suprapubic catheter and has not been able to urinate appropriately yet.

**REVIEW OF SYSTEMS:** GU and GI as above. No mental changes, skin changes or other issues.

### PAST HISTORY:

1. Stage 3 rectal cancer, T3 N1 M0 as above
2. Seizure disorder with the last episode one year ago
3. History of rheumatic pain and fibromyalgia
4. History of a benign lung tumor removed 10 years ago
5. History of alcoholism in the past
6. Suprapubic catheter for urinary retention

**PHYSICAL EXAMINATION:** This is an alert, oriented, thin, pleasant gentleman in no distress. His weight is 137½ lbs. which is stable. BP is 112/70, respiratory rate and pulse are normal. Temperature is 99.0, height is 5' 11". Mental status is normal, speech is normal. EOMs intact. There is no jaundice. Mouth is clear. There are no sores. Neck is supple. There is no thyromegaly. There is no adenopathy in the cervical, supraclavicular or axillary areas. Lungs clear bilaterally. There are decreased sounds on both sides which are unchanged. There is a regular heart without murmurs. Abdomen is soft and nontender. There is a well-healed surgical scar. There is a suprapubic catheter in place. The catheter site is OK. There is no tenderness; no organomegaly. There are positive bowel sounds. Extremities have no edema.

04/14/00 13:22:51 LGH HIS F rtment->

9705213210 LG ealth Info Sys. Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

**CONSULTATION**

**LAB STUDIES:** WBC 5.9, hematocrit 44%, platelet count 168; differential is unremarkable. Creatinine is 0.9, BUN 13, calcium 9, total protein 7, alkaline phosphatase 113, total bilirubin 0.3, AST 16, sodium 133, potassium 4.4.

**IMPRESSION:** Rectal cancer, stage 3, undergoing postoperative treatment. Will have him started on continuous infusion of 5-FU for 35 days in a row later in the month. Plan is to start on the 24<sup>th</sup> of April at dose of 225 mg per meter sq. daily which comes up to 400 mg total dose daily as a continuous infusion for 24 hours. This will be continued for 34 days and he will be receiving radiation for that same period of time. He will need a porta cath and I will consult Dr. Mandell or one of his associates to place it some time early next week so that he is ready for the Monday after. I will see him for follow-up in the clinic the first week of May.

ps

---

Pedro M. Sanz-Alamira, M.D.

5885 / CN / bjs

DD: 04/13/2000 09:30

TT: 04/14/2000 13:06

CC: David R. Farzan, M.D.  
Jonathan D. Mandell, M.D.  
Astrid O. Peterson, M.D.

## **ATTACHMENT C**



MCMLXXV

STYLE OF  
CASE : **IN RE:**

**ESTATE OF NORMAN ALLEN**

PERTAIN TO : **Norman Allen**

FROM : **Pentucket Medical Associates (Medical Records)  
(978) 521-3250**

DELIVER TO : **Diane Cahalane  
Lubin & Meyer, P.C.  
100 City Hall Plaza  
Boston, MA 02108**

CASE NO :

COURT :





**PENTUCKET MEDICAL  
ASSOCIATES**

Date: 6/22/04

Lubin & Meyer, P.C.  
100 City Hall Plaza  
Boston, MA 02108

Dear Sir/Madam:

We are in receipt of your request for medical information on:

Norman Allen DOB 11/24/47

- ( ) The information you requested is enclosed.
- ☒ The information requested is enclosed. This information may not be copied or transferred to anyone other than the recipient noted above.
- ( ) In order to comply with your request, a medical record release signed by the patient is required. Please send this release to my attention.
- ( ) It is the policy of this practice to require prepayment on all requests for medical records. We will be happy to comply with your request upon the receipt of \$ \_\_\_\_\_.
- ( ) Your request cannot be processed because we have been unable to locate a health record on this patient. Please contact us if you are still interested in obtaining this information.
- ( ) Your request cannot be processed because the authorization for release of information is not valid. Please ask the patient to contact us.
- ( ) Your request cannot be processed because the patient has denied the disclosure of medical information.
- ( ) Your request cannot be processed as the patient is deceased. We require a court-attested copy of the appointment of Executor or Administrator before we comply with this request.
- ( ) Other:

If you have any questions, please call me at 557 8816.

Sincerely,

Yozaka  
Correspondence Secretary  
Medical Records Department  
Pentucket Medical Associates  
4/03/03



A member of Partners HealthCare System, Inc., PCHI is a network of physicians and hospitals founded by Massachusetts General Hospital and Brigham and Women's Hospital

**P.A. Deceased Patient Form**

Complete as much information as possible.

Patient's Name: Norman AllenDOB: 11-24-47 DOD: 5-18-02Address: 27 Bouque St Lawrence MassSS #: 005-46-4086 PCP: Dr. LujanAccount # / Chart #: P-320899 248596Completed By: KU, PW

## Source Info:

1. Newspaper
2. Physician
3. Hospital/Nursing Home
4. Coding Staff/Business Office
5. Phone call from family or friend

☐☐☐☐☒Hospice nurse

Pink - Nurses' copy

Yellow - Chart Room

White - Patient Accounts

NAME: *Norman Allen*  
 DATE: *9/27/99* CHART#: *248596*  
 PCP: *DF* DOB:  
 WT: *152 lbs* BP: *102/12* T P R  
 ALLERGIES: *NKDA*  
 MEDS: *n/a*  
*See profile.*

*M. Sinc*  
*2001 2-4/11/11 out 20 years*  
*Family DM QCM - Father Redman*  
*MI - Father - 60s*  
*⊙ CVA*  
*long cardiac*

*File*  
*Rectal Biopsy*  
*Colonoscopy*  
*Effexor 75-150mg*

09/27/1999  
 NORMAN ALLEN  
 CHART #248596

Medications, allergies and vital signs are reviewed.

The patient comes in for a physical examination.

#### PAST MEDICAL HISTORY:

1. Seizure disorder.
2. Chronic back and neck pain.
3. Question if fibromyalgia.

#### PAST SURGICAL HISTORY:

1. Inguinal hernia.
2. Lung tumor, benign, removed in 1989.

#### MEDICATIONS:

1. SALSALATE 750 mg, two tablets p.o. b.i.d.
2. AMBIEN 10 mg p.o. q.h.s.
3. EFFEXOR 75 mg p.o. q.d.
4. AMITRIPTYLINE 10 mg p.o. q.h.s.
5. ULTRAM 50 mg p.o. q 6 hours.
6. DILANTIN 100 mg, five p.o. q.d.
7. NEURONTIN 300 mg, one p.o. b.i.d. He is followed by a neurologist.

ALLERGIES: **No known allergies.**  
 CONTINUED:



09/27/1999  
NORMAN ALLEN  
CHART #248596

248596  
CONTINUED:

*2 Q.*  
SOCIAL HISTORY: The patient smokes 3-4 packs a day. He quit drinking heavily two years ago.

FAMILY HISTORY: Positive for rectal cancer in father. Myocardial infarction in father in his 60's. Negative for cerebrovascular accident or diabetes mellitus.

REVIEW OF SYSTEMS: CARDIAC: The patient denies chest pain, diaphoresis, dyspnea on exertion, paroxysmal nocturnal dyspnea, peripheral edema or orthopnea. GI: The patient denies nausea, vomiting, diarrhea, abdominal pain, irregularities of stool, hematochezia, melena or any other gastrointestinal symptoms. GU: The patient denies dysuria, hematuria, frequency, nocturia or any other difficulty with bladder function. NEUROLOGIC: The patient denies numbness, weakness, difficulty with gait or balance, vision and has no radicular symptoms. PULMONARY: Patient denies shortness of breath, cough, wheezing, congestion or any other pulmonary symptoms. ENDOCRINE: Patient denies polydipsia, polyuria, weight gain, weight loss, increase or decrease in activity or fatigue.

O: HEENT: Scalp negative. Ears—Tympanic membranes and canals unremarkable. Eyes—Conjunctivae and eyelids unremarkable. Funduscopy normal. Mouth, tongue, pharynx and buccal mucosa normal. NECK: Supple without tenderness, masses or adenopathy. CHEST: Chest wall unremarkable. Lungs clear to auscultation and percussion. No rales or adventitial lung sounds. Breath sounds normal in all areas. HEART: Normal size, shape and position with no gallops, rubs or murmurs. Regular sinus rhythm. ABDOMEN: Soft, bowel sounds positive. No tenderness, masses or organomegaly. No hernias or distention. Percussion normal. EXTREM: Symmetrical function. Hands unremarkable. Nail beds normal. Pulses good in hands and feet. No trophic changes. SPINE: Straight without deformity or tenderness. NEURO: Cranial nerves, gait and balance normal. No pathologic reflexes. Strength and sensation normal. Deep tendon reflexes symmetrical, oriented x3. Cranial nerves II-XII intact. Rectal with normal size prostate without nodules. No masses are noted. Hemoccult negative.

A&P:

1. Family history of rectal cancer and a history of hematochezia. He has had hemorrhoids in the past, but at this point I have sent him to Gastroenterology for a barium and he probably will need a colonoscopy.
2. Seizure disorder. He has been seizure-free for some time. It is possible this could be related to his alcohol use, but we he will continue to follow with the neurologist.
3. Chronic back and neck pain. He says that some doctors think that he is depressed. He does note anhedonia and some spontaneous crying. At this point, I have increased his EFFEXOR from 75 mg to 150 mg. I will see him back in three weeks' time to see if this has made an effect.

*[Signature]*  
David Farzan, M.D.

DF/tcl

D: 09/27/1999  
T: 09/30/1999

*12-14-99 F.C. needs med for pain RT colon surgery. 12-14-99 F.C. needs med for pain RT colon surgery. 12-14-99 F.C. needs med for pain RT colon surgery.*

**MICHAEL A. GIORGETTI, MD**

DEA No. \_\_\_\_\_

**PENTUCKET MEDICAL ASSOCIATES**

**North Andover Office Park**

203 Turnpike Street

North Andover, MA 01845

Tel. (978) 557-8800

Name

*Norman Allen*

Date

*2-22-02*

Address \_\_\_\_\_

Rx

*Oxycontin 20mg  
1 po BID*

*[Signature]*

*# 60  
(Sixty)*

Refills

*None*

*[Signature]*

M.D.

*AG 3089083*

Interchange is mandated unless the practitioner writes the words "no substitution" in this space.

## SHOPPING LIST

Dr Farzan  
Norman is in  
Terrible Pain-Back  
Neck Whole body, Sleeps  
only 3-4 hrs a nite  
Pain wakes him up  
Eats 1 meal a day.  
Please CR his stitches out  
ON STOMACH, also needs  
New Prescription for Dilantin  
his wife Ruth

Thomas L. Fazio, M.D.

*Norman Allen*  
*11/24/97*  
*978 7255227*

DATE: *10/4/99*  
WT: *150*  
BP: *110/70* AGE *51*  
REASON FOR VISIT

CONSULT  
FROM: *Dr. Farzan*  
RE: *blood in stool*

ALLERGIES: *nka*

*Colon LQH 10/20, Flut phosphoride  
prep info given to pt.*

MEDICATIONS: *Relaxin*  
*Relaxin*  
*amitriptylene*  
*ambien*  
*more meds. - doesn't know names*  
*Effeon*  
*ULTAN*  
*Selate*

10/04/1999  
NORMAN ALLEN

This is a 51-year-old male that Dr. Farzan has asked me to see in consultation. He has noticed over the last 4 months small amounts of blood per rectum, often times associated with frequent bowel movements and relieved with Preparation H. Has recently had a problem with a feeling of incomplete bowel movement with some alternating diarrhea and constipation and some lower abdominal cramps. Denies any nausea or vomiting. Medications: As above. Allergies: As above. Smokes 2 to 4 packs of cigarettes per day. Alcohol: Negative. Weight: May be down about 10 lb.

PMH: Positive for seizures, question fibromyalgia. Used to see Dr. Kelly at Greater Lawrence Family Health Center, back and legs pains and benign lung tumor years ago.

FH: Positive for father with rectal cancer diagnosed in his 50s.

ROS: Positive for trouble sleeping, otherwise negative except for above.

PHYSICAL EXAMINATION: This is a 51-year-old well-developed, well-nourished male who is alert, cooperative, in NAD. Lungs: Clear to P&A. Heart: S1, S2 WNL; no thrills, rubs, gallops or murmurs. Abdomen: Soft, nontender without palpable masses; bowel sounds normal with no bruits.

IMPRESSION: 1. Hematochezia with family history of colonic neoplasia.  
2. History of seizure disorder.

CONTINUED:

10/04/1999

NORMAN ALLEN

PAGE 2

SUGGESTION: Will proceed with colonoscopy. Discussed risks, benefits, consequences and alternatives to the procedure and medications. Will get the lab that Dr. Farzan has done.

CBE

Thomas L. Fazio, M.D.

TLF/STAT:bs

D: 10/04/99

T: 10/06/99

CC: Dr. Farzan

5

248596

CLIENT
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845 3642

AGE, DATE OF BIRTH	SEX
54, 11/24/1947	M

PATIENT
ALLEN, NORMAN 27 BOURQUE ST LAWRENCE, MA 01843 PHONE #: 603-382-3119

ACCESSION	DATE COLL.	REPORT STATUS	REPORT DATE	PATIENT ID
T3117766	04/04/2002 10:26AM	** FINAL **	04/04/2002 3:31PM	P320899 5395317

Unless otherwise noted, test performed at Pentucket Med. Assoc. One Parkway  
Haverhill, MA, 01830, CLIA Number: 22D0071593. George F. Kwass, MD, Medical Director.

Tests	Results	Reference Values
<b>CBC with Differential</b>		
White Blood Count	7.6	x1000/uL 4.5-11.0
Red Blood Cell Count	5.28	mil/uL 4.4-5.9
Hemoglobin	16.1	g/dL 13.5-17.5
Hematocrit	48.2	% 41.0-53.0
MCV	91	fL 80-100
MCH	31	pg 26-34
MCHC	34	g/dL 31-37
Platelet Count	282	x1000/uL 130-400
Neutrophils	67	% 45-70
Lymphocytes	22	% 20-44
Monocytes	8	% 2-12
Eosinophils	2	% 0-4
Basophils	1	% 0-2
Neutrophils (#)	5.1	x1000/uL 1.8-7.0
Lymphocytes (#)	1.7	x1000/uL 1.0-4.0
Monocytes (#)	0.6	x1000/uL 0-0.8
Eosinophils (#)	0.2	x1000/uL 0-0.45
Basophils (#)	0.1	x1000/uL 0-0.20
RBC Morphology	NORM	
<b>Hepatic Function Panel</b>		
Total Protein	7.2	g/dL 6.2-8.3
Albumin	4.2	g/dL 3.4-5.2
Bilirubin, Total	0.3	mg/dL 0.0-1.4
Bilirubin, Direct	0.1	mg/dL 0.0-0.3
Alkaline Phosphatase	174	U/L 0-125
SGPT (ALT)	38	U/L 0-50
SGOT (AST)	32	U/L 0-45

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (T3117766) \*\*\*

✓

248596

<b>CLIENT</b> PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845 3642		<b>AGE DATE OF BIRTH</b> 53, 11/24/1947	<b>SEX</b> M	<b>PATIENT</b> ALLEN, NORMAN 27 BOURQUE ST LAWRENCE, MA 01843 PHONE #: 603-382-3119	
<b>ACCESSION</b> R6385656	<b>DATE COL.</b> 10/16/2001 10:15AM	<b>REPORT STATUS</b> ** FINAL **	<b>REPORT DATE</b> 10/16/2001 3:31PM	<b>PATIENT ID</b> P320899 4403618	

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. One Parkway  
Haverhill, MA, 01830, CLIA Number: 22D0071593. George F. Kwass, MD, Medical Director.

Dilantin	8.4	L	ug/mL	10-20
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**CBC with Differential**

White Blood Count	6.2	x1000/uL	4.5-11.0
Red Blood Cell Count	4.82	mil/uL	4.4-5.9
Hemoglobin	15.5	g/dL	13.5-17.5
Hematocrit	43.5	%	41.0-53.0
MCV	90	fL	80-100
MCH	32	pg	26-34
MCHC	36	g/dL	31-37
Platelet Count	242	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	22	%	20-44
Monocytes	9	%	2-12
Eosinophils	2	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	4.1	x1000/uL	1.8-7.0
Lymphocytes (#)	1.4	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (R6385656) \*\*\*

*Run at F/K*



CLIENT
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N.ANDOVER, MA 01845  3642

AGE, DATE OF BIRTH
52, 11/24/1947

SEX
M

PATIENT
ALLEN, NORMAN  PHONE #: 978- <del>925</del> -5227  <i>Assured</i>

ACCESSION
06808514

DATE COLL.
10/30/2000 11:17AM

REPORT STATUS
** FINAL **

REPORT DATE
10/30/2000 3:32PM

PATIENT ID
P320899 3479859

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.  
CLIA Number: 22D0071593. George F. Kwass, MD, Medical Director.

\*\*\* COMMENT \*\*\*  
3HR PC

*e Work H*

**CBC with Differential**

White Blood Count	6.9		x1000/uL	4.5-11.0
Red Blood Cell Count	4.56		mil/uL	4.4-5.9
Hemoglobin	14.8		g/dL	13.5-17.5
Hematocrit	42.7		%	41.0-53.0
MCV	94		fL	80-100
MCH	33		pg	26-34
MCHC	35		g/dL	31-37
Platelet Count	242		x1000/uL	130-400
Neutrophils	71	H	%	45-70
Lymphocytes	15	L	%	20-44
Monocytes	10		%	2-12
Eosinophils	2		%	0-4
Basophils	2		%	0-2
Neutrophils (#)	4.9		x1000/uL	1.8-7.0
Lymphocytes (#)	1.0		x1000/uL	1.0-4.0
Monocytes (#)	0.7		x1000/uL	0-0.8
Eosinophils (#)	0.1		x1000/uL	0-0.45
Basophils (#)	0.1		x1000/uL	0-0.20
RBC Morphology	NORM			

Dilantin	5.1	L	ug/mL	10-20
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\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (06808514) \*\*\*

*No work  
or phone #*

*No Seizure  
at the point  
the*

*Will discuss at next  
Taz*

248596

CLIENT
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845  3642

AGE, DATE OF BIRTH	SEX
52, 11/24/1947	M

PATIENT
ALLEN, NORMAN  PHONE #: 978-725-5227

ACCESSION
N3038297

DATE COLLECTED
05/09/2000 10:41AM

REPORT STATUS
** FINAL **

REPORT DATE
05/09/2000 3:31PM

PATIENT ID
P320899 2556355

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.  
CLIA Number: 22D0071593

<b>Dilantin</b>	10.9	ug/mL	10-20
<b>Hepatic Function Panel</b>			
Total Protein	7.0	g/dL	6.2-8.3
Albumin	4.5	g/dL	3.4-5.2
Bilirubin, Total	0.2	mg/dL	0.0-1.4
Bilirubin, Direct	0.1	mg/dL	0.0-0.3
Alkaline Phosphatase	118	U/L	0-125
SGPT (ALT)	12	U/L	0-50
SGOT (AST)	17	U/L	0-45

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (N3038297) \*\*\*

h

<b>CLIENT</b> PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TUNNPIKE ST. N. ANDOVER, MA 01845  3642		<b>PATIENT</b> ALLEN, NORMAN  PHONE #: 978-725-5227	
<b>AGE, DATE OF BIRTH</b> 52, 11/24/1947		<b>SEX</b> M	
<b>ACCESSION</b> M3953351	<b>DATE COLL.</b> 01/24/2000 10:12AM**	<b>REPORT STATUS</b> <b>FINAL **1:55PM2587595</b>	<b>REPORT DATE</b> 01/24/2000
<b>PATIENT ID</b> P320899			

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.

CLIA Number: 22D0071593

\*\*\* COMMENT \*\*\*

PRE=OP 2/11/00 DR.HURLEY, LIAM LGH

**Electrolytes**

Sodium	140	mEq/L	134-146
Potassium	4.6	mEq/L	3.5-5.3
Chloride, Serum	101	mEq/L	96-110
Carbon Dioxide	29	mEq/L	21-31

**CBC with Differential**

White Blood Count	8.1	x1000/uL	3.8-11.0
Red Blood Cell Count	5.03	mil/uL	4.4-5.9
Hemoglobin	15.0	g/dL	13.0-18.0
Hematocrit	45.6	%	40-52
MCV	91	fL	80-99
MCH	30	pg	26-34
MCHC	33	g/dL	32-36
Platelet Count	237	x1000/uL	130-400
Neutrophils	52	%	45-70
Lymphocytes	37	%	20-44
Monocytes	7	%	2-12
Eosinophils	2	%	0-4
Basophils	2	%	0-2
Neutrophils (#)	4.2	x1000/uL	1.8-7.0
Lymphocytes (#)	3.0	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.2	x1000/uL	0-0.45
Basophils (#)	0.2	x1000/uL	0-0.20
RBC Morphology	NORM		

Glucose	83	mg/dL	Fasting: 65-109
---------	----	-------	-----------------

PT	11.8	sec	10.8-12.8
INR	1.0		

General Prophylaxis: 2.0-3.0  
Mechanical Prosthetic Valve: 3.0-4.5

PTT(Part Throm Time)	32.0	sec	25.0-35.0
----------------------	------	-----	-----------

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (M3953351) \*\*\*

CLIENT
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845  3642

AGE, DATE OF BIRTH	SEX
52, 11/24/1947	M

PATIENT
ALLEN, NORMAN  PHONE #: 978-725-5227

ACCESSION
M3033601

DATE COLL.
01/10/2000 10:20AM**

REPORT STATUS
FINAL **3:32PM2535142

REPORT DATE
01/10/2000

PATIENT ID
P320899

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.  
CLIA Number: 22D0071593

Dilantin	10.2	ug/mL	10-20
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\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (M3033601) \*\*\*

**CLIENT**  
PMA-NORTH ANDOVER  
DR. WILLIAMSVALE, JANE  
203 TURNPIKE ST.  
N.ANDOVER, MA 01845  
3642

**AGE, DATE OF BIRTH** 51.11/24/1947 **SEX** M

**PATIENT**  
ALLEN, NORMAN  
PHONE #: 978-725-5227  
248594

**ACCESSION**  
L7504225

**DATE COLL.**  
10/29/1999  
7:50AM\*\*

**REPORT STATUS**  
FINAL \*\*3:31PM112702

**REPORT DATE**  
10/29/1999

**PATIENT ID**  
P320899  
Lab/Test Reviewed

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.

CLIA Number: 22D0071593

MD Initials

Date

Not Patient:

Yes No

\*\*\* COMMENT \*\*\*

Send Copy to: DR MANDELL

Letter Sent:

Initials

Date

**Electrolytes**

Sodium	139	mEq/L	134-146
Potassium	3.9	mEq/L	3.5-5.3
Chloride, Serum	100	mEq/L	96-110
Carbon Dioxide	28	mEq/L	21-31

**CBC with Differential**

White Blood Count	11.3	H	x1000/uL	3.8-11.0
Red Blood Cell Count	4.64		mil/uL	4.4-5.9
Hemoglobin	14.6		g/dL	13.0-18.0
Hematocrit	41.5		%	40-52
MCV	89		fL	80-99
MCH	32		pg	26-34
MCHC	35		g/dL	32-36
Platelet Count	200		x1000/uL	130-400
Neutrophils	79	H	%	45-70
Lymphocytes	15	L	%	20-44
Monocytes	5		%	2-12
Eosinophils	0		%	0-4
Basophils	1		%	0-2
Neutrophils (#)	8.9	H	x1000/uL	1.8-7.0
Lymphocytes (#)	1.7		x1000/uL	1.0-4.0
Monocytes (#)	0.6		x1000/uL	0-0.8
Basophils (#)	0.1		x1000/uL	0-0.20
RBC Morphology	NORM			

CEA 3.5 ng/mL 0-5.0

PT 11.8 sec 10.8-12.8

INR 1.0

General Prophylaxis: 2.0-3.0

Mechanical Prosthetic Valve: 3.0-4.5

PTT(Part Throm Time) 32.7 sec 25.0-35.0

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (L7504225) \*\*\*

*Dr. Fazio*

<b>REPRINT CLIENT</b>
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845
3642

<b>PATIENT</b>
ALLEN, NORMAN
PHONE #: 978-725-5227

<b>AGE, DATE OF BIRTH</b>	<b>SEX</b>
51, 11/24/1947	M

<b>ACCESSION</b>
L6072577

<b>DATE COLL.</b>
09/27/1999 10:11AM

<b>REPORT STATUS</b>
** FINAL **

<b>REPORT DATE</b>
10/05/1999 9:41AM

<b>PATIENT ID</b>
P320899 103413

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.

CLIA Number: 22D0071593

**CBC with Differential**

White Blood Count	9.5	x1000/uL	3.8-11.0
Red Blood Cell Count	5.01	mil/uL	4.4-5.9
Hemoglobin	15.7	g/dL	13.0-18.0
Hematocrit	44.9	%	40-52
MCV	90	fL	80-99
MCH	31	pg	26-34
MCHC	35	g/dL	32-36
Platelet Count	215	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	26	%	20-44
Monocytes	6	%	2-12
Eosinophils	1	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	6.3	x1000/uL	1.8-7.0
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

**Cardiac Risk/Lipid Profile**

Cholesterol, Total	269	H	mg/dL	<200
Triglycerides	81		mg/dL	Fasting: <200
Cholesterol, HDL (Direct)	48		mg/dL	>35
Cholesterol, LDL (Calculated)	205		mg/dL	
	Without CHD	<2 risk factors		<160 mg/dL
	Without CHD	2 or more		<130 mg/dL
	With CHD			<100 mg/dL
Chol/HDL Ratio	5.6	H		<4.97
LDL/HDL Ratio	4.3	H		<3.55

**Prostate Specific Antigen**

0.3 ng/mL 0-4.0

**Glucose**

89 mg/dL Fasting: 65-109

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (L6072577) \*\*\*



<b>CLIENT</b> PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845 3642		<b>PATIENT</b> ALLEN, NORMAN PHONE #: 978-725-5227	
<b>AGE, DATE OF BIRTH</b> 51, 11/24/1947		<b>SEX</b> M	
<b>ACCESSION</b> L6072577	<b>DATE COLL.</b> 09/27/1999 10:11AM**	<b>REPORT STATUS</b> FINAL **0:08AM103413	<b>REPORT DATE</b> 09/28/1999
		<b>PATIENT ID</b> P320899	

**Tests****Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.

CLIA Number: 22D0071593

**CBC with Differential**

White Blood Count	9.5	x1000/uL	3.8-11.0
Red Blood Cell Count	5.01	mil/uL	4.4-5.9
Hemoglobin	15.7	g/dL	13.0-18.0
Hematocrit	44.9	%	40-52
MCV	90	fL	80-99
MCH	31	pg	26-34
MCHC	35	g/dL	32-36
Platelet Count	215	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	26	%	20-44
Monocytes	6	%	2-12
Eosinophils	1	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	6.3	x1000/uL	1.8-7.0
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

**Cardiac Risk/Lipid Profile**

Cholesterol, Total	269	H	mg/dL	<200
Triglycerides	81		mg/dL	Fasting: <200
Cholesterol, HDL (Direct)	48		mg/dL	>35
Cholesterol, LDL (Calculated)	205		mg/dL	
Without CHD		<2 risk factors	<160 mg/dL	

Without CHD 2 or more <130 mg/dL

With CHD <100 mg/dL

Chol/HDL Ratio	5.6	H	<4.97
LDL/HDL Ratio	4.3	H	<3.55

Prostate Specific Antigen 0.3 ng/mL 0-4.0 Initials Date

Glucose 89 mg/dL Fasting Patient

Yes No

\*\*\* FINAL REPORT FOR: ALLEN, NORMAN (L6072577) \*\*\* Letter Sent:

10/13

10/13



12/17/99 FRI 15:35 FAX 978 521 3233

BILLING DEPT

017

12/17/99 12:50:48 LGH HIS Department-&gt;

978 521 3233 L Health Info Svs. Page 001

To:	Pentucket	From:	LGH Health Info Svs.
Fax Number:	95565744	Subject:	765*CN*347796
Date:	12/17/1999	Pages:	5
Time:	12:43:16 PM		

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12/17/99 12:51:05 LSH HIS artment->

978 521 3233

Health Info Sys. Page 002

all Pentucketay,Gemis,Mandell,Twomey,Walker

NAME: *Norman Allen*  
 DATE: *1-10-00* CHART#: *248596*  
 PCP: *SE* DOB: *11-24-47*  
 WT: BP *98/64* T P R  
 ALLERGIES: *NKDA*  
 MEDS: *- See list & Percut*

*Finana*

*Cancer; Mended*

*Chemo Sanz*

*Urinary retention*

*Hurt*

*Seizure  
Not young  
D. last*

*Drum  
of E. from Dr. Hurley  
My work*

*Hyper  
Diabetes 700  
5/02*

01/10/2000  
 NORMAN ALLEN  
 CHART #

Medications, allergies and vital signs are reviewed.

The patient comes in for a follow-up.

ROS: Cardiac, pulmonary and gastrointestinal otherwise within normal limits.

O: HEENT exam shows pupils equal, round and reactive to light, extraocular movements are intact. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Abdominal scar is slightly tender. Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P:

1. Urinary retention. He continues to see Dr. Hurley for this and will continue to follow with him. They are unsure why he has had this problem still post surgery, but it may be related to the surgery.
2. Colon cancer. He has an appointment with Dr. Sanz and a referral is made for this. We will continue to follow him. I have asked him to discontinue his pain medications, which apparently he is taking to help him to sleep.

CONTINUED:

01/10/2000  
NORMAN ALLEN  
CHART #

CONTINUED:

3. Insomnia. He has a history of heavy alcoholism, which obviously is a factor. AMBIEN didn't help him, so we will try SONATA 10 mg p.o. q.d. I have asked him to stop his PERCOCET, as this may be aggravating him. It has been going on for approximately two years.
4. Depression. He has discontinued his EFFEXOR and AMITRIPTYLINE because they do not do anything for him.
5. Seizure disorder. He discontinued his NEURONTIN on his own, but he has not had a seizure for several years. He is on DILANTIN 100 mg tablets, five daily, so we will check a DILANTIN level on him. I have advised him not to drive particularly as he has discontinued his NEURONTIN. He absolutely refuses to take it because he does not trust the doctors who put him on it and the diagnosis did sound somewhat dubious.
6. Status-post colon resection. He has a follow-up appointment with Dr. Mandell. He seems to be doing well. I will see him back if I can be of help.

  
David Farzan, M.D.

DF/STAT/tc  
D: 01/10/2000  
T: 01/13/2000

Norman Allen  
 1-25-00 T.C. Rec. # for Rad: therapy. given M.H.  
 with # X30, 3.75 per 1/4 1/2 x 1/2

Norman Allen  
 1/24/00 248596  
 SF 11-24-47  
 100/70  
 PRE-OP Dr. Harkey Date of surgery 2/11/00  
 Urethra  
 Anata

PRE-OP

248596  
DF

01/24/2000  
NORMAN ALLEN  
CHART # 248596

Medications, allergies, and vital signs are reviewed.

The patient comes in for a pre-op physical.

O: HEENT, heart, lungs, abdomen, and extremities found to be within normal limits. See separate pre op blood work and EKG and chest x-ray as per recommendation of Dr. Hurley. I'll see him back if I can be of help.

David Farzan, M.D.

DF/tc/rr  
D: 01/24/00  
T: 01/25/00

NAME: Norman Allen  
DATE: 4/5/00 CHART#: 248596  
PCP: DF DOB: 11/24/47  
WT: 160 lbs T P R  
ALLERGIES: nka  
MEDS: Vilantin Tylenol #3  
Klonopin  
? Bactrim

clonazepam attacks

anxiety, insomnia  
anhedonia

04/05/2000  
NORMAN ALLEN  
CHART # 248596

Medications, allergies, and vital signs are reviewed.

The patient comes in for anhedonia, insomnia, and anxiety attacks. It's been going on for months.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOML. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A: Insomnia/anxiety/depression.

P: Paxil, 20 mg p.o. q.d. Follow up in 3 weeks time.

  
David Farzan, M.D.

DF/tc/r  
D: 04/05/00  
T: 04/06/00

4-13-00 received called from the Mandell's ofc. Vilantin level 23.2  
the doctor aware DF/DFW



NAME: Norman Allen  
DATE: 4-26-00 CHART#: 248596  
POP: DF DOB: 11/24/47  
WT: BP T P R  
ALLERGIES:  
MEDS:

No  
Shaw

NAME:

DATE:

CHART#:

PCP:

DOB:

WT:

ALLERGIES:

MEDS:

see profile

FLU insomnia 1<sup>o</sup> of sleep  
 x 3 days, forgetful, D. tautie  
 level A

Injury Serum  
 dilute 400  
 + Mandell  
 d/c Celebra  
 d/c Pox  
 Dilantin d/c

In Gfona  
 in Bitter  
 paril Hazy  
 Treadar SM

5/09/2000

NORMAN ALLEN

248596

Medications, allergies and vital signs are reviewed.

Patient comes in for multiple problems.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

- A&P: 1. Insomnia. He notes generalized insomnia with difficulty falling asleep. He has Valium, which does not do him any good. **He stopped Paxil because he is allergic to it.** He thought Celebrex was a sleeping pill, which he says does not work for this. At this point, I have trazodone 50 mg p.o. q.d.
2. Elevated Dilantin level and seizure disorder. He saw Dr. Mandell, who told him his dilantin level was a little bit high. He notes some ataxia. He decreased his Dilantin from 500 mg a day to 400 mg a day, but the ataxia has not resolved. We will check a Dilantin level on him.

CONTINUED

5/09/2000  
NORMAN ALLEN  
248596  
Page 2

3. Ataxia. He has had a history of cancer, so I have done an MRI on his head to make sure there are no abnormalities there.
4. Stone in bladder. Dr. Hurley cannot seem to remove his catheter because the stone is adherent to it, so he is going to continue to follow with Dr. Hurley.
5. Status post colon cancer. He continues to follow with his oncologist.
6. Chronic neck and back pain. He cannot take Celebrex, so I have recommended no particular medication for this, but talked to him at length about this as well as physical therapy exercises.

  
David Farzan, M.D.

DF/kj  
D: 5/09/2000  
T: 5/12/2000

5-22-00 PCC approval # given for LHH Pain Clinic.  
Dr. Sands oncology 16 visits DF/KS/APP

NAME: *Norman Allen*  
 DATE: *7/3/00* CHART#: *248596*  
 PCP: *SK* DOB: *11-24-41*  
 WT: *SK* BP *94/62* T *P R*  
 ALLERGIES: *penicillin*  
 MEDS: *See list*

*248596*

*A*  
*O/V to talk*

*Insom*

*Trazodone 50 mg*

*Bladder stone*

*Ataxia: resolved - MRI scan*  
*held in chest*  
 *Hickman Cath - Skilled Care*  
*Get a No. 10*

7/03/2000  
 NORMAN ALLEN  
 248596

Medications, allergies and vital signs are reviewed.

Patient comes in for a follow-up. He notes that he has severe trouble sleeping. He also says his bladder stone is improving. His ataxia is improving as well. He could not get the MRI that was ordered because of the catheter in his chest. He is doing better on lower doses of Dilantin from the ataxia. He also continues to follow-up for a seizure disorder.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P: 1. Severe insomnia. Increase trazodone from 50 mg to 100 mg tablet at nighttime.  
 2. Bladder stone. This is resolved. He will continue to follow with urology.  
 3. Ataxia. Complete neurologic examination is intact and nonfocal at this time; so at this point, I will recommend that he get an MRI at some point when his catheter is out of his chest.

CONTINUED

7/03/2000

NORMAN ALLEN

248596

Page 2

4. Colon cancer. He is going to undergo another bout of chemotherapy and continues to follow with Dr. Sanz.
5. Seizure disorder. I have again recommended that he does not drive. He understands this and says he will not.



David Farzan, M.D.

DF/kj

D: 7/03/2000

T: 7/06/2000

NAME: *Norman Allen*  
 DATE: *10/30/00* CHART#: *248596*  
 PCP: *SA* DOB: *11-24-47*  
 WT: *SA* BP: *97/2* T: *SA* P: *SA* R: *SA*  
 ALLERGIES: *zdot* *972* *100/70*  
 MEDS: *Dilantin, trazadone, Diazepam*

Pt states Dr. Mandell referred him to Dr. Farzan for scheduling of colonoscopy

*Ataxia resolved*

*Fibromyalgia  
Pregabalin  
pred*

*Seizure*

*Dilantin 400*

*No MRI - catheter in chest*

10/30/2000  
 NORMAN ALLEN  
 248596

Medications, allergies, and vital signs are reviewed.

Patient comes in for complaints of aches and pains throughout his entire body. He says his back hurts, his legs and arms hurt. He has fibromyalgia.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOML. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P: 1. Fibromyalgia. He may even have polymyalgia rheumatica, so I have given him a course of prednisone 40 mg p.o. q.d. to try for 2 weeks to see if this does help his symptoms.  
 2. Ataxia. This is resolving. Cannot get an MRI again because he has a catheter in his chest. Since he is doing well, I have recommended no treatment for it. He dropped his Dilantin level to 400 mg at the suggestion of his neurologist, which may also be helping him.

CONTINUED

Ref. Dr. Farzan

Allergies: Papil

Meds: see med list.

Norman Allen P20899

11-24-47

978-725-5229

Int: MH

10/30/00 Dx: Hx Colon Ca

F/a Colon sched. at LGH 11/16. Fleet phosphosoda  
prep info mailed to pt. No visit prior to exam.  
No referral or visit rec. returned HF

/

x



Norman Allen

248596

DATE: 11-20-00 CHART:

POS: DF DOB:

REF: 11/10/00 Y P R

ATTENDING: Paxi

PHYS:

See profile

Fls Dilantin level

Colonoscopy last

Thurs - Dr. Paxi

Colon CA

Need better back letter

Fibronase in left on Colon CA Patient off Prednisone x/1/00

USS AF CONTRA Pulm: CTAD at Sept 100, unobscured  
Atorvastatin 20 mg daily

11/20/2000

NORMAN ALLEN

248596

Medications, allergies, and vital signs are reviewed.

Patient comes in for follow-up of his neck and back. He says the prednisone really helped him a lot, so he may have polymyalgia rheumatica. He is again warned not to drive.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOML. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

- A&P: 1. Seizure disorder. Dilantin level is low, but does not want to take any more of it because it makes him wobbly and ataxic, so at this point, I recommended he stop driving. He accepts the risk of having a seizure.
2. -PMR. Since prednisone helped him, and he is off it, I recommended a trial of this from time to time when he gets bad.
3. Colon cancer. He had a colonoscopy, which was normal. I will see him back on a 3-6 month basis.

  
David Farzan, M.D.

DF/tc4

D: 11/20/2000

T: 11/28/2000

0/30/2000

JORMAN ALLEN

148596

Page 2

3. Seizure disorder. Check Dilantin level on him. He has had no further seizures, but I have advised him not to drive.
4. Status post colon cancer. He needs a colonoscopy and is referred for this



David Farzan, M.D.

DF/tc4

D: 10/30/2000

T: 11/04/2000

NORMAN Allen

NAME:

DATE: 3-16-01 CHART#: 248596

PCP: D6 DOB: 11-24-47

WT: BP: 122/70 T: 98.4 F

ALLERGIES: Penicillin

not able to sleep.

Marsen taken in sleep

⊕ Return sleep & 24 hr

still not verbal ⊕ snoring

Hx FRA ction

VSS-AF

no HARS m

not left B4

Ext: 3 ed

T

Heart: NL

① Insomnia

Smoking ⊕ help

Valium help but only at 20mg

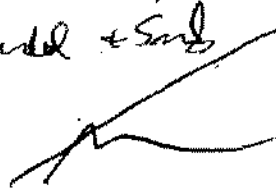
Trazodone ⊕ help at 100mg

Deltacene 30mg

CPE result

② Colon CA & Folks

by Dr. Markel & Sons



NAME: Norman Allen  
DATE: 5-16-01 CHART:  
PCP: DOB:  
WT: BP T P R  
ALLERGIES:

N/S

NAME: Norman Allen  
 DATE: 10/16/01 CHART#: 248596  
 PCP: Dr DOB: 11/24/1947  
 WT: BP 120/80 T P R  
 ALLERGIES: Aspirin  
? Pain medicine

Teds: \_\_\_\_\_ see med list (reviewed)

Walk in Visit \_\_\_\_\_

cc Hx: smoker yes no \_\_\_\_\_

History \_\_\_\_\_

elo Neck & Back pain

ROS: \_\_\_\_\_

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
normal	normal	normal	normal	normal
fever	nasal	cough	chest pain	nausea
weight loss	eye discharge	wheezing	with exertion	vomiting
anorexia	eye redness	sputum	edema	diarrhea
nycturia	eye discharge	hx of asthma	diaphoresis	constipation
weight loss	sore throat	hemoptysis	orthopnea	hematochezia
headache	rhinorrhea	dyspnea	PND	melena
neck stiffness	congestion		syncope	
rash	purulent nasal dischrg			

PHYSICAL EXAM: \_\_\_\_\_

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
normal	normal	normal	normal	normal
pale	membranous dry	wheezing	murmur	increase BS
anorexia	enlarged tonsil	rhonchi	tachycardia	decreased BS
weight loss	pharynx erythematous	stridor	dimin pulses	tenderness
	TM loss of landmarks	prolonged expiration	poor perfusion	enlarged liver
	conjunctival fluid	retractions	Neck	enlarged spleen
	conjunctival discharge	diminished sounds	ant cerv LA	inguinal adenopathy
	rhinorrhea	bronchial sound	post cerv LA	rebound
	sinus tenderness		supraclavicular LA	
	purulent nasal dischrg		stiffness	
			meningismus	

AP: ① Back & Neck pain Vicodin ES qd  
 ② Colon Ca told to go for scheduled (check)  
 referral  
 Consider Zolofa for him

Follow up: \_\_\_\_\_ days \_\_\_\_\_ week(s) or if sx worsen if not resolved in \_\_\_\_\_ PRN with PCP \_\_\_\_\_

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman D/H  
 DATE: 11/26/01 CHART#: \_\_\_\_\_  
 PCP: \_\_\_\_\_ DOB: 11/24/47  
 WT: BP 140/90 T 5'6" P 160 R  
 ALLERGIES: Paxil

Meds: \_\_\_\_\_ see med list (reviewed)

☐ Walk in Visit

Soc Hx: smoker yes no

Flu for infection - abd?

# History

clb back pain - 9pm

clb Depress

① start of 2/02 ② ended

## ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

### CONSTITUTIONAL

Y N

☒ normal  
 fever  
 chills  
 fatigue  
 myalgia  
 weight loss  
 headache  
 neck stiffness  
 rash

### HEENT

Y N

☐ normal  
 otalgia  
 ear discharge  
 eye redness  
 eye discharge  
 congestion  
 rhinorrhea  
 sore throat

### RESPIRATORY

Y N

☒ normal  
 cough  
 wheezing  
 apthum  
 hx of asthma  
 fm hx asthma  
 dyspnea

### GASTROINTESTINAL

Y N

☐ normal  
 vomiting  
 diarrhea  
 constipation  
 abdominal pain  
 cramps

### CARDIOVASCULAR

Y N

☐ normal  
 chest pain  
 with exertion  
 edema  
 diaphoresis  
 orthopnea  
 syncope

## Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

### CONSTITUTIONAL

Y N

☒ normal  
 pale  
 cyanosis  
 poor skin turgor

### HEENT

Y N

☒ normal  
 membranes dry  
 enlarged tonsil  
 pharynx exud/erythe  
 TM loss of landmarks  
 sinus tenderness  
 rhinorrhea  
 nasal discharge  
 PM erythema/fluid  
 conj discharge/erythe

### RESPIRATORY

Y N

☒ normal  
 wheezing  
 rhonchi  
 stridor  
 prolonged expiration  
 retractions  
 diminished sounds  
 bronchial sound  
 supraclavicular LA

### CARDIOVASCULAR

Y N

☒ normal  
 murmur  
 tachycardia  
 dimin pulses  
 poor perfusion  
 Neck  
 ant cerv LA  
 post cerv LA  
 stiffness  
 meningismus

### ABDOMEN

Y N

☐ normal  
 increase BS  
 decreased BS  
 tenderness  
 enlarged liver  
 enlarged spleen  
 inguinal adenopathy  
 rebound

### OTHER

Tach  
paroxysm  
in RR

A/P

Depress 2 left ID 1/2 1.0

back pain can't 2 mg PRN 2 mg 1/2 g h

If sx worsen ☐ Call ☐ return to clinic ☐ Go to ER

Follow Up in 10 day(s) 1 week(s) if sx worsen PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman Allen  
 DATE: 12/10/01 CHART#: 248596  
 POP: Farzan DOB: 11/24/47  
 WT: BP 144/78 T F R  
 ALLERGIES: Penicillin → RASH

Meds: \_\_\_\_\_ see med list (reviewed)

Zarfon 2 7:30  
 Zarfon 100/2

Walk in Visit \_\_\_\_\_

Soc Hx: smoker yes no \_\_\_\_\_

# History

Still do Nasal for common  
 C-spine xray? possible fracture

ROS: INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
normal	normal	normal	normal	normal
fever/mal	otalgia	cough	chest pain	nausea
chills	ear discharge	wheezing	with exertion	vomiting
fatigue	eye redness	sputum	edema	diarrhea
myalgia	eye discharge	hx of asthma	diaphoresis	constipation
weight loss	sore throat	hemoptysis	orthopnea	hematochezia
headache	rhinorrhea	dyspnea	PND	melena
neck stiffness	congestion		syncope	
cach	purulent nasal discharge			

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
normal	normal	normal	normal	normal
pale	membranes dry	wheezing	murmur	increase BS
hyperpig	enlarged tonsil	rhonchi	tachycardia	decreased BS
rosier skin turgor	pharynx erythematous	stridor	diminished pulses	tenderness
HEENT	ETC. (see above)	prolonged expiration	poor perfusion	enlarged liver
	TMJ orthemia/fluid	retractions	Neck	enlarged spleen
	conjunctivitis/eryth	diminished sounds	ant cerv LA	inguinal adenopathy
	rhinorrhea	bronchial sound	post cerv LA	rebound
	sinus tenderness		supraclavicular LA	
	purulent nasal discharge		stiffness	
			meningismus	

A/P ① Neck should pain x 42 : ? Zarfon top Perched 505/5 x 50 x 5  
 ② Down : cont Zarfon  
 ③ Incur : ? Zarfon to 4 ghr (Baz)

Worsen Call return to clinic Go to ER

Follow Up in \_\_\_\_\_ day(s) \_\_\_\_\_ week(s) or if worsen if not resolved in \_\_\_\_\_ PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.



NAME: Norman Allen  
DATE: 1/24/62 CHART#: 248596  
POP: DF DOB: 11/24/1947  
WT: BP T P R  
ALLERGIES: penic

**Meds:** \_\_\_\_\_ see med list (reviewed)

**□ Walk in Visit**

Sec Hx: smoker    yes    no

## History

c/o Cooper pairs lot c-3 R

## ROS INDICATE RIGHT,LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL			HEENT			RESPIRATORY			CARDIOVASCULAR			GASTROINTESTINAL		
Y	N		Y	N		Y	N		Y	N		Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	fever Tmax _____	<input type="checkbox"/>	<input type="checkbox"/>	otalgia	<input type="checkbox"/>	<input type="checkbox"/>	cough	<input type="checkbox"/>	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	<input type="checkbox"/>	nausea
<input type="checkbox"/>	<input type="checkbox"/>	chills	<input type="checkbox"/>	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	<input type="checkbox"/>	with exertion	<input type="checkbox"/>	<input type="checkbox"/>	vomiting
<input type="checkbox"/>	<input type="checkbox"/>	fatigue	<input type="checkbox"/>	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	<input type="checkbox"/>	sputum	<input type="checkbox"/>	<input type="checkbox"/>	edema	<input type="checkbox"/>	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	myalgia	<input type="checkbox"/>	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>	<input type="checkbox"/>	constipation
<input type="checkbox"/>	<input type="checkbox"/>	weight loss	<input type="checkbox"/>	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	<input type="checkbox"/>	hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>	<input type="checkbox"/>	hematochezia
<input type="checkbox"/>	<input type="checkbox"/>	headache	<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	<input type="checkbox"/>	PND	<input type="checkbox"/>	<input type="checkbox"/>	melen
<input type="checkbox"/>	<input type="checkbox"/>	neck stiffness	<input type="checkbox"/>	<input type="checkbox"/>	congestion				<input type="checkbox"/>	<input type="checkbox"/>	syncope	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	rash	<input type="checkbox"/>	<input type="checkbox"/>	purulent nas dischg									

**Physical Exam** INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL			HEENT			RESPIRATORY			CARDIOVASCULAR			ABDOMEN		
Y	N		Y	N		Y	N		Y	N		Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal
<input type="checkbox"/>	<input type="checkbox"/>	pale	<input type="checkbox"/>	<input type="checkbox"/>	membranes dry	<input type="checkbox"/>	<input type="checkbox"/>	whezzing	<input type="checkbox"/>	<input type="checkbox"/>	murmour	<input type="checkbox"/>	<input type="checkbox"/>	increase BS
<input type="checkbox"/>	<input type="checkbox"/>	cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	<input type="checkbox"/>	rhonchi	<input type="checkbox"/>	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	decreased BS
<input type="checkbox"/>	<input type="checkbox"/>	poor skin turgor	<input type="checkbox"/>	<input type="checkbox"/>	pharynx exud/eryth	<input type="checkbox"/>	<input type="checkbox"/>	stridor	<input type="checkbox"/>	<input type="checkbox"/>	dimin pulses	<input type="checkbox"/>	<input type="checkbox"/>	tenderness
<b>OTHER</b>			<input type="checkbox"/>	<input type="checkbox"/>	TM lost of landmarks	<input type="checkbox"/>	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	<input type="checkbox"/>	poor perfusion	<input type="checkbox"/>	<input type="checkbox"/>	enlarged liver
			<input type="checkbox"/>	<input type="checkbox"/>	TM erthema/fluid	<input type="checkbox"/>	<input type="checkbox"/>	retractions	Neck			<input type="checkbox"/>	<input type="checkbox"/>	enlarged spleen
			<input type="checkbox"/>	<input type="checkbox"/>	conj disch / eryth	<input type="checkbox"/>	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>	<input type="checkbox"/>	inguinal adenopathy
			<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>	<input type="checkbox"/>	rebound
			<input type="checkbox"/>	<input type="checkbox"/>	sinus tenderness				<input type="checkbox"/>	<input type="checkbox"/>	supraclavicular LA			
			<input type="checkbox"/>	<input type="checkbox"/>	purulent nasal dischg				<input type="checkbox"/>	<input type="checkbox"/>	stiffness			
									<input type="checkbox"/>	<input type="checkbox"/>	meningismus			

AIP: Goa I will try hard - M Jm Conchun 5840  
Mile per : Helped by 4 people at night & 1 will try again.  
Tiranna: Zander in office at 3 PM Klongun helped as sleep  
will try Klongun 1st P. 2nd

If sx worsen    ☐ Call    ☒ return to clinic    ☐ Go to ER

Follow Up in 1 day(s) 1 week(s) or if sx worsen / if not resolved in 1 PRN

☒ Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: NORMAN ALLEN  
 DATE: 2/4/02 CHART#: 248596  
 POP: DF DOB: 11/24/1947  
 WT: BP 90/60 T F E  
 ALLERGIES: Patient

eds: \_\_\_\_\_ see med list (reviewed)

Walk in Visit \_\_\_\_\_

Hx: smoker yes no \_\_\_\_\_

Plac med put on telonipin on 1/24/02  
 reports good effect

# History

Much better with on Oxycontin  
 less depressed  
 Had for weeks

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y N  
☒ ☐ normal  
☐ ☐ fever (max)  
☐ ☐ chills  
☐ ☐ fatigue  
☐ ☐ myalgia  
☐ ☐ weight loss  
☐ ☐ headache  
☐ ☐ neck stiffness  
☐ ☐ rash

## HEENT

Y N  
☐ ☐ normal  
☐ ☐ otalgia  
☐ ☐ ear discharge  
☐ ☐ eye redness  
☐ ☐ eye discharge  
☐ ☐ sore throat  
☐ ☐ rhinorrhea  
☐ ☐ congestion  
☐ ☐ purulent nas discharge

## RESPIRATORY

Y N  
☐ ☐ normal  
☐ ☐ cough  
☐ ☐ wheezing  
☐ ☐ sputum  
☐ ☐ hx of asthma  
☐ ☐ hemoptysis  
☐ ☐ dyspnea

## CARDIOVASCULAR

Y N  
☒ ☐ normal  
☐ ☐ chest pain  
☐ ☐ with exertion  
☐ ☐ edema  
☐ ☐ diaphoresis  
☐ ☐ orthopnea  
☐ ☐ PND  
☐ ☐ syncope

## GASTROINTESTINAL

Y N  
☐ ☐ normal  
☐ ☐ nausea  
☐ ☐ vomiting  
☐ ☐ diarrhea  
☐ ☐ constipation  
☐ ☐ hematochezia  
☐ ☐ melena

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

## CONSTITUTIONAL

Y N

## HEENT

Y N

## RESPIRATORY

## CARDIOVASCULAR

## ABDOMEN

Y N

MICHAEL A. GIORGETTI, MD

DEA No. \_\_\_\_\_

PENTUCKET MEDICAL ASSOCIATES

North Andover Office Park  
 North Andover, MA 01845

Tel. (978) 557-8800

203 Turnpike Street

Reg. # 11/24/47

Date 2-22-02

Name Norman Allen

Address \_\_\_\_\_

Rx

Oxycontin 20mg  
 1 po BID

# 60  
 (Sixty)

Refills None

AG 508983

Interchange is mandated unless the practitioner  
 writes the words "no substitution" in this space.

M.D.

PRN

with RCP

David R. Farzan, M.D.

NAME: Mormen Allen  
 DATE: 3/14/02 CHART#: 248596  
 PCP: DF DOB: 1/24/47  
 WT: EP 94/48 T P R  
 ALLERGIES: Paxil

eds: \_\_\_\_\_ see med list (reviewed)

Walk in Visit \_\_\_\_\_

Soc Hx: smoker yes no \_\_\_\_\_

Stomach pain steady x 3 wks - on & off x 3 mo. - ↑ gurgling sounds

History \_\_\_\_\_

Help by eat  
Bury

Immun

ROS. INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/> normal
<input type="checkbox"/>	<input type="checkbox"/> fever tmax	<input type="checkbox"/>	<input type="checkbox"/> otalgia	<input type="checkbox"/>	<input type="checkbox"/> cough	<input type="checkbox"/>	<input type="checkbox"/> chest pain	<input type="checkbox"/>	<input type="checkbox"/> nausea
<input type="checkbox"/>	<input type="checkbox"/> chills	<input type="checkbox"/>	<input type="checkbox"/> ear discharge	<input type="checkbox"/>	<input type="checkbox"/> wheezing	<input type="checkbox"/>	<input type="checkbox"/> with exertion	<input type="checkbox"/>	<input type="checkbox"/> vomiting
<input type="checkbox"/>	<input type="checkbox"/> fatigue	<input type="checkbox"/>	<input type="checkbox"/> eye redness	<input type="checkbox"/>	<input type="checkbox"/> sputum	<input type="checkbox"/>	<input type="checkbox"/> edema	<input type="checkbox"/>	<input type="checkbox"/> diarrhea
<input type="checkbox"/>	<input type="checkbox"/> myalgia	<input type="checkbox"/>	<input type="checkbox"/> eye discharge	<input type="checkbox"/>	<input type="checkbox"/> hx of asthma	<input type="checkbox"/>	<input type="checkbox"/> diaphoresis	<input type="checkbox"/>	<input type="checkbox"/> constipation
<input type="checkbox"/>	<input type="checkbox"/> weight loss	<input type="checkbox"/>	<input type="checkbox"/> sore throat	<input type="checkbox"/>	<input type="checkbox"/> hemoptosis	<input type="checkbox"/>	<input type="checkbox"/> orthopnea	<input type="checkbox"/>	<input type="checkbox"/> hematemesis
<input type="checkbox"/>	<input type="checkbox"/> headache	<input type="checkbox"/>	<input type="checkbox"/> rhinorrhea	<input type="checkbox"/>	<input type="checkbox"/> dyspnea	<input type="checkbox"/>	<input type="checkbox"/> PND	<input type="checkbox"/>	<input type="checkbox"/> melena
<input type="checkbox"/>	<input type="checkbox"/> neck stiffness	<input type="checkbox"/>	<input type="checkbox"/> congestion			<input type="checkbox"/>	<input type="checkbox"/> syncope	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> rash	<input type="checkbox"/>	<input type="checkbox"/> purulent nas disch						

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/>	<input type="checkbox"/> normal	<input type="checkbox"/>	<input type="checkbox"/> normal
<input type="checkbox"/>	<input type="checkbox"/> pale	<input type="checkbox"/>	<input type="checkbox"/> membranes dry	<input type="checkbox"/>	<input type="checkbox"/> wheezing	<input type="checkbox"/>	<input type="checkbox"/> murmur	<input type="checkbox"/>	<input type="checkbox"/> increase BS
<input type="checkbox"/>	<input type="checkbox"/> cyanosis	<input type="checkbox"/>	<input type="checkbox"/> enlarged tonsil	<input type="checkbox"/>	<input type="checkbox"/> rhonchi	<input type="checkbox"/>	<input type="checkbox"/> tachycardia	<input type="checkbox"/>	<input type="checkbox"/> decreased BS
<input type="checkbox"/>	<input type="checkbox"/> poor skin turgor	<input type="checkbox"/>	<input type="checkbox"/> pharynx exnd/eryth	<input type="checkbox"/>	<input type="checkbox"/> stridor	<input type="checkbox"/>	<input type="checkbox"/> dimin pulses	<input type="checkbox"/>	<input type="checkbox"/> tenderness
OTHER		<input type="checkbox"/>	<input type="checkbox"/> TM loss of landmarks	<input type="checkbox"/>	<input type="checkbox"/> prolonged expiration	<input type="checkbox"/>	<input type="checkbox"/> poor perfusion	<input type="checkbox"/>	<input type="checkbox"/> enlarged liver
		<input type="checkbox"/>	<input type="checkbox"/> TM exthema/fluid	<input type="checkbox"/>	<input type="checkbox"/> retractions	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> enlarged spleen
		<input type="checkbox"/>	<input type="checkbox"/> conj disch/ eryth	<input type="checkbox"/>	<input type="checkbox"/> diminished sounds	<input type="checkbox"/>	<input type="checkbox"/> ant cerv LA	<input type="checkbox"/>	<input type="checkbox"/> inguinal adenopathy
		<input type="checkbox"/>	<input type="checkbox"/> rhinorrhea	<input type="checkbox"/>	<input type="checkbox"/> bronchial sound	<input type="checkbox"/>	<input type="checkbox"/> post cerv LA	<input type="checkbox"/>	<input type="checkbox"/> rebound
		<input type="checkbox"/>	<input type="checkbox"/> sinus tenderness			<input type="checkbox"/>	<input type="checkbox"/> supraclavicular LA		
		<input type="checkbox"/>	<input type="checkbox"/> purulent nasal disch			<input type="checkbox"/>	<input type="checkbox"/> stiffness		
						<input type="checkbox"/>	<input type="checkbox"/> meningismus		

AP: ① Abx for sinus

② Omeprazole 20 mg bid for 7 to 14  
days

If sx worsen ☐ Call ☒ return to clinic ☐ Go to ER

Follow Up in \_\_\_\_\_ day(s) \_\_\_\_\_ week(s) if sx worsen if not resolved in \_\_\_\_\_ PRN with PCP

☐ Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: *Norman Allen*  
 DATE: *4-4-2* CHART: *Q-4836*  
 SEX: *DF* DOB: *11-24-47*  
 HT: *5' 7 1/2"* WT: *170*  
 ALLERGIES: *Penicillin*



248596

P320899

24-Jan-2000 10:22:04 AM ALLEN, NORMAN  
52 Years Male

PRE-OP

Pentucket Medical Associates, Inc.

Operator: EDT

Rate 60 . Normal sinus rhythm, rate 60 . . . . . Normal P axis, PR, rate & rhythm  
PR 168 . Probable early repolarization pattern . . . . . ST elevation, age 16 - 55  
QRSD 91  
QT 384  
QTc 384

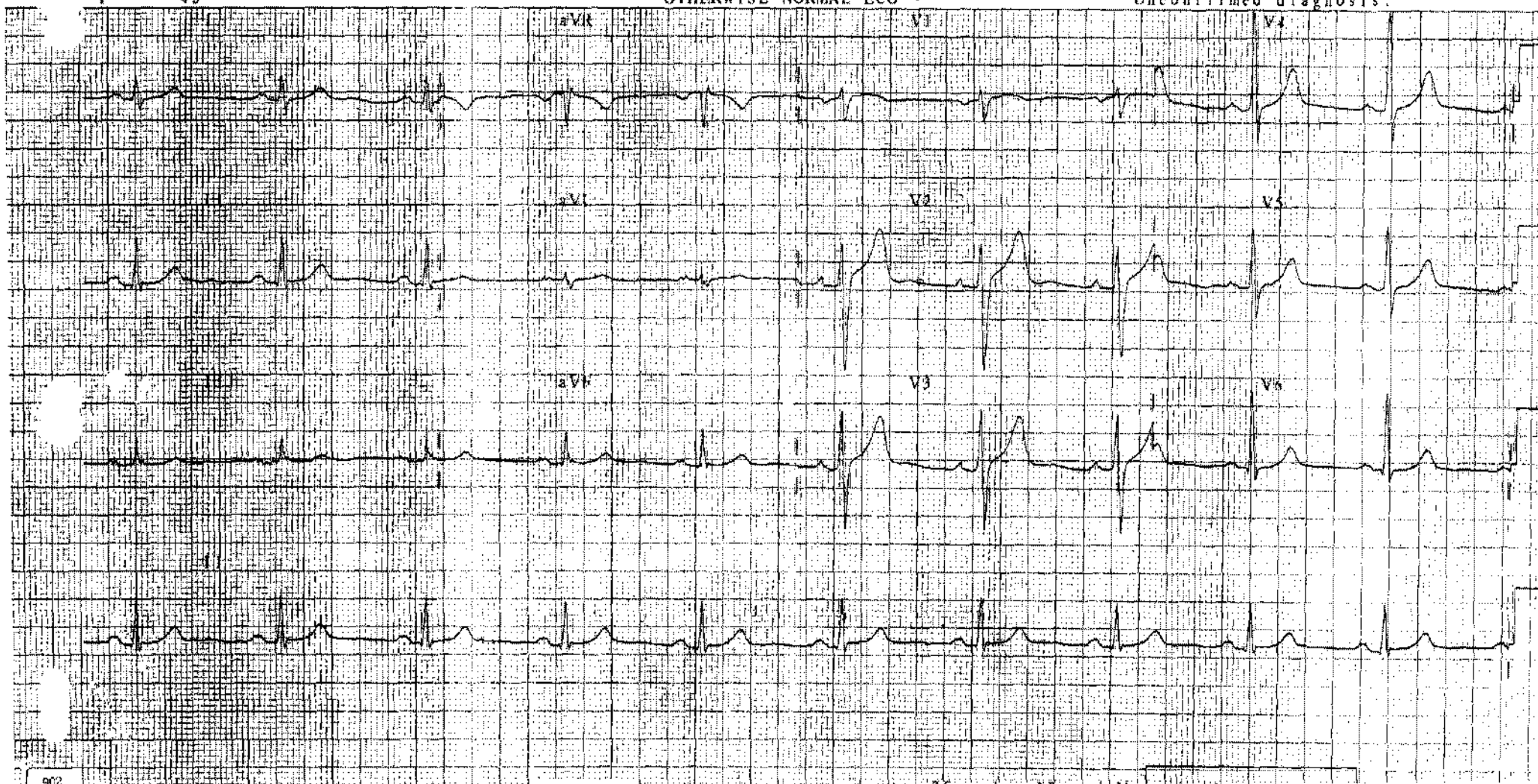
--Axis--  
P 45  
QRS 67  
T 43

NSR  
AF

Pre-op Date:  
2-11-00 LGH  
Sergion's Name:  
DR. HURLEY, LIAM  
Requested by:  
DR. FARZAN

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.



*faxed.  
2/10/2000*

P320899

24-Jan-2000 10:22:04 AM  
52 Years

ALLEN, NORMAN  
Male

Pentucket Medical Associates, Inc.

Operator: EDT

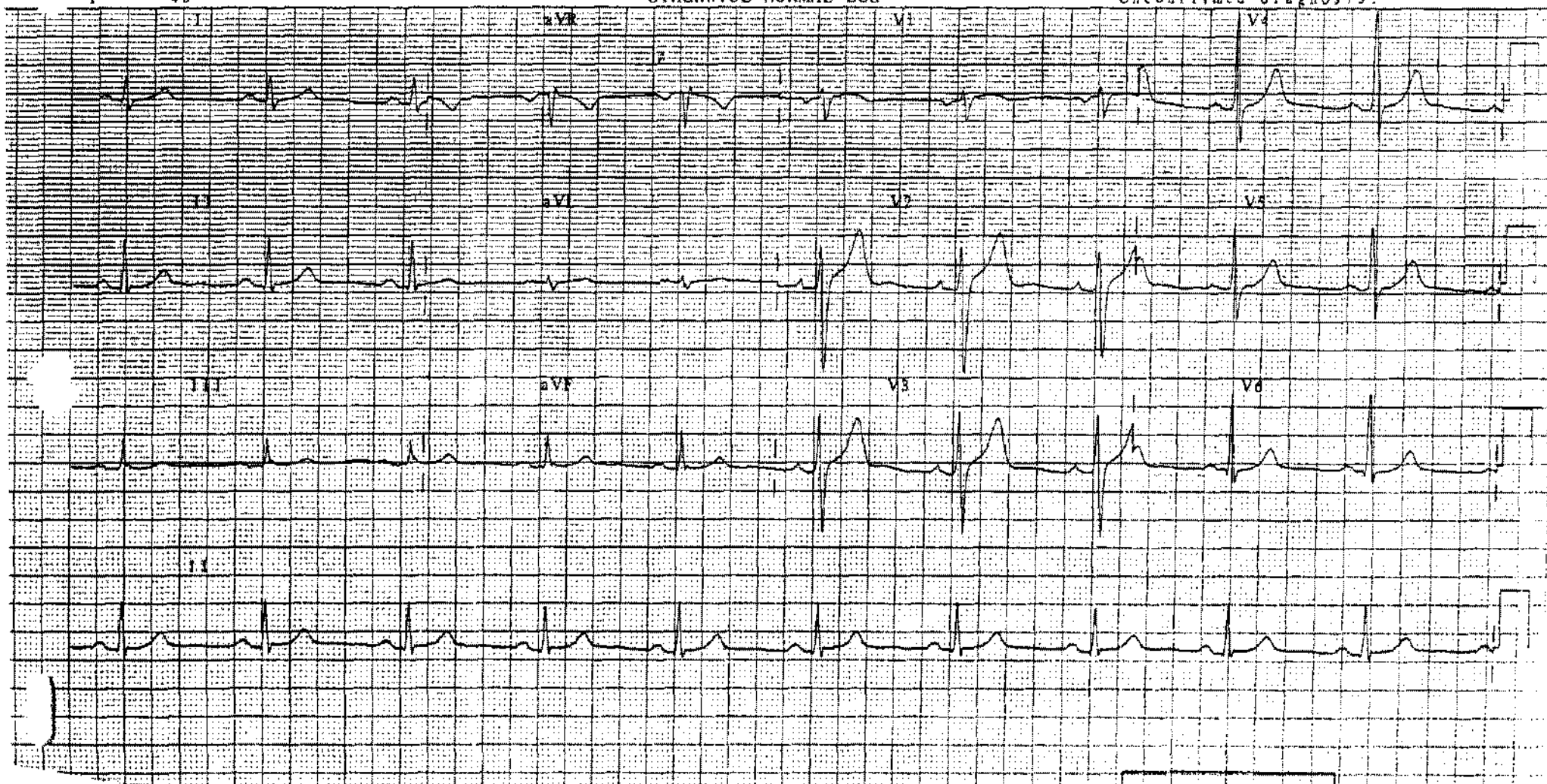
Rate 60 . Normal sinus rhythm, rate 60.....Normal P axis, PR, rate & rhythm  
PR 168 . Probable early repolarization pattern.....ST elevation, age 16 - 55  
QRSD 91  
QT 384  
QTc 384

Pre-op Date:  
2-11-00 LGH  
Surgion's Name:  
DR. HURLEY, LIAM  
Requested by:  
DR. FARZAN

--Axis--  
P 45  
QRS 67  
T 43

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.





248596

P320899

27-Sep-1999 08:41:34  
51 Years

ALLEN, NORMAN  
Male

Pentucket Medical Associates, Inc.

Operator: EDT

Rate 68 . Normal sinus rhythm, rate 68 . . . . . Normal P axis, PR, rate & rhythm  
PR 174 . Probable early repolarization pattern . . . . . ST elevation, age 16 - 55  
QRSD 92  
QT 364  
QTc 387

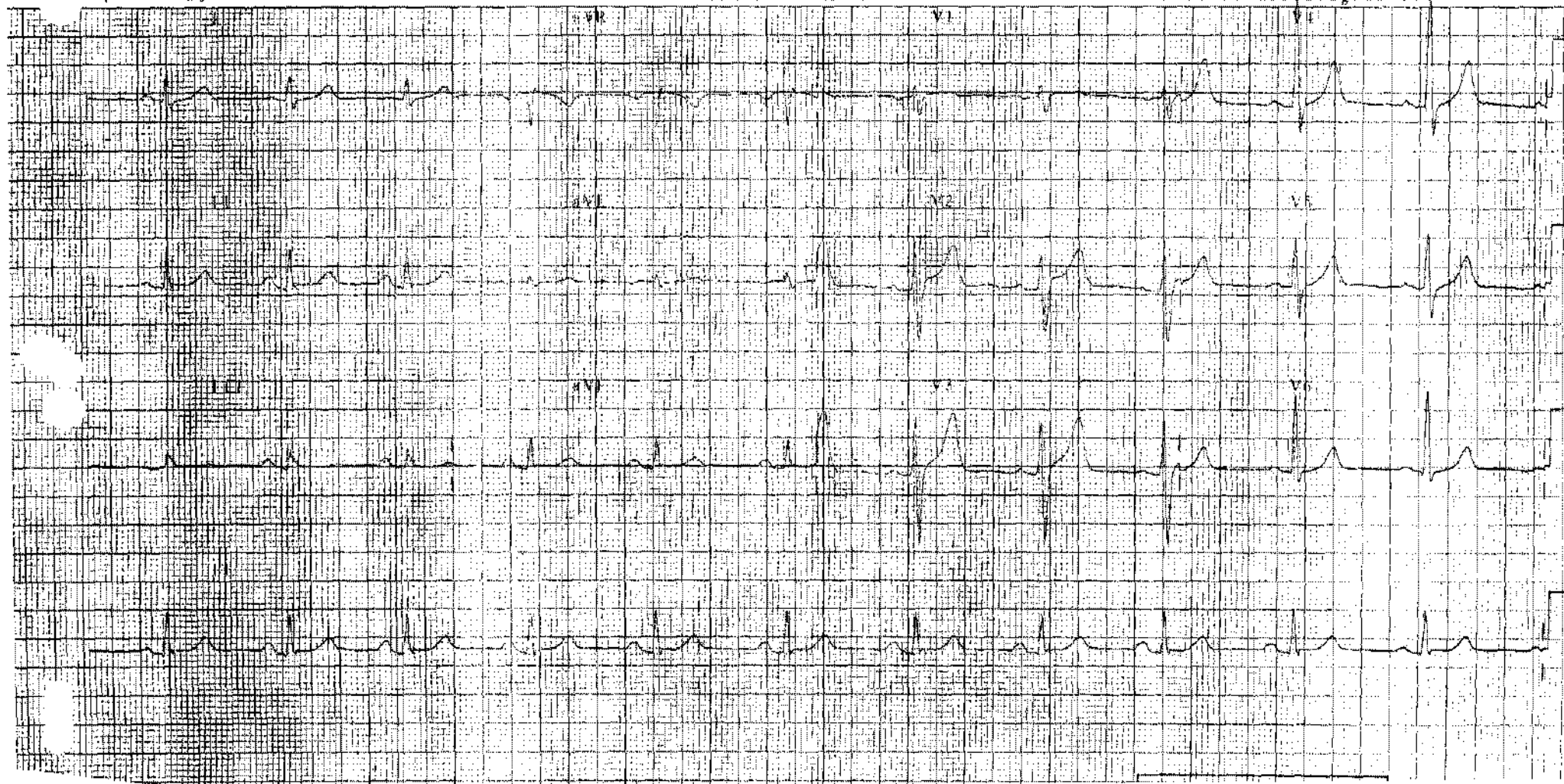
--Axis--  
P 72  
QRS 57  
T 38

E No out  
X DF

Requested by:  
DF

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.





## **ATTACHMENT D**

348596



**Andover Surgical Associates, Inc.**

Michael J. Twomey, M.D., F.A.C.S.  
George M. Walker, II, M.D.  
Brian T. Callahan, Jr., M.D., F.A.C.S.  
Paul J. Gemis, M.D., F.A.C.S.  
Jonathan D. Mandell, M.D., F.A.C.S.  
Nancy Cho Landay, M.D.

General Surgery

October 28, 1999

David Farzan, M.D.  
203 Turnpike Street  
North Andover, MA 01845

Dear David:

It was a pleasure to see your patient, Norman Allen in the office today. Please see the following office note.

Norman is a 51-year-old gentleman referred for rectal carcinoma. He has a family history of colon cancer in a father in his fifties. He's had hematochezia for about four to five months with each bowel movement, some dark blood as well as red blood. Colonoscopy by Dr. Fazio, October 20th, showed a satellite lesion occupying about one-half of the circumference of the bowel at what he describes as 6 cm from the anal verge. Biopsy is positive for mucinous adenocarcinoma, moderately differentiated. The remainder of the colonoscopy was unremarkable.

Allergies, none. Medications: Dilantin 500 mg once a day, Neurotin two daily, he is not sure of the dose, Ultram for fibromyalgia, Exxor 150 mg once a day, amitriptyline and Ambien. Past medical history: Seizure disorder, last seizure was one year ago, Fibromyalgia, no history of diabetes mellitus, no asthma, no myocardial infarction, no CVA. He has a history of a benign lung tumor on the left side removal by thoracotomy in 1989. Past surgical history: Left thoracotomy in 1989. Tobacco, three packs per day. Alcohol, none. I strongly emphasized that he cut down on this smoking as he is going to have surgery because of the risk of pneumonia and other complications.

**PHYSICAL EXAMINATION:** He is a thin gentleman in no acute distress. Lungs are clear bilaterally. Cardiac exam is regular. He has a left thoracotomy scar. There is no cervical, supraclavicular, axillary or inguinal adenopathy. Abdomen is soft, nontender, no masses, no umbilical hernia, no inguinal hernia. GU exam, unremarkable. Pedal pulses are palpable bilaterally. Femoral pulses palpable bilaterally. Rectal exam: normal sphincter tone, prostate symmetric. On the left side of the rectum at the tip of the examining finger there is a palpable mass, it is mobile. Guaiac negative exam today.

Norman Allen  
Page 2  
October 28, 1999

**PROCEDURE:** Rigid proctoscopy performed after explaining routine risks. The proctoscope was used to identify the location of the mass. By proctoscopic measurement the distal most portion of the mass is about at 8.2 to 8.5 cm from the anal verge. He is a thin-body habitus. The mass appears to be just about the level of the first rectal valve.

**IMPRESSION:** Rectal carcinoma. I discussed with him the nature of rectal carcinoma and the treatment options. The primary treatment in this case is going to be surgery. He may also need chemotherapy and radiation. Additional information at the present time is needed including pathology from the subsequent specimen. The location of his tumor is right on the border between requiring abdominal perineal resection and low anterior resection. I discussed with him that I will try at surgery to reconnect his bowel but he understands that the ultimate surgical procedure is going to have to wait until the time of surgery. Possible abdominal perineal resection was discussed. Even if his bowel is connected he understands he may get a temporary colostomy. He understands that with abdominal perineal resection a colostomy is permanent. Risks of surgery were discussed including bleeding, infection, reaction to the anesthesia, myocardial infarction, stroke, pneumonia and other complications. Possible sexual dysfunction and bladder dysfunction were also discussed from low pelvic surgery. We discussed that I would like to obtain additional information before surgery. We will order a CT scan of the abdomen and pelvis as well as an endorectal ultrasound to evaluate the tumor. We will also have him seen by Dr. Hurley of urology for a brief visit as I would like bilateral ureteral stents placed at the beginning of surgery given the low nature of the pelvic operation. Given his thin-body habitus and the appearance of the tumor and the distance from the anal verge by proctoscopy I think that we can try to perform a low anterior resection possibly with a staple anastomosis. We will also obtain some baseline labs including CEA and I will see him back in about a week. Mr. Allen and his wife understand.

Thank you for the privilege of allowing me to care for your patient.

Sincerely,



Jonathan D. Mandell, M.D., F.A.C.S.

JDM/jll

CC: Thomas Fazio, M.D.

ANDOVER  
SURGICAL ASSOCIATES, INC.  
140 HAVERHILL STREET  
ANDOVER, MA 01810-1589  
(978) 475-4202

6.

NORMAN ALLEN  
DOB: 11/24/47

January 3, 2000

248596  
J D MANDELL MD

Status post low anterior resection. Doing well. Moving his bowels. He denies any fever. He still has a Foley catheter. He will follow-up with urology and he's going to follow-up with oncology and radiation therapy next week. His abdomen is soft and nontender. Incision looks excellent. Return in two weeks.

COPY TO DR. FARZAN AND DR. HURLEY.

---

h

248596

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SURGICAL ASSOCIATES, INC.  
140 HAVERHILL STREET  
ANDOVER, MA 01810-1589  
(978) 475-4202

5.

NORMAN ALLEN  
DOB: 11/24/1947

December 22, 1999

G M WALKER MD

Status post low anterior resection for carcinoma of the rectum. This was done on 12/1/1999. He says he is moving his bowels somewhat slowly, but is eating, and having no crampy abdominal pain. He is taking Colace as a stool softener.

**PHYSICAL EXAMINATION:** The abdomen is benign. The wound is nicely healed. Digital rectal examination shows formed, brown hemocult-negative stool in the ampulla, though it is somewhat firm.

**PLAN:** I have started him on Metamucil once a day and told him to increase his fluid intake to at least 3 liters of fluid a day to help keep his stool moist and bulky. Return to see us in two weeks time.

December 27, 1999

J D MANDELL MD

Norman still has the Foley leg bag in otherwise he is doing quite well, feeling better each day. Still some postoperative discomfort which is variable. No vomiting, no fever. He is moving his bowels daily and taking a stool softener. On examination his abdomen is soft and nontender, no guarding. Rectal exam performed: Some soft stool in the rectum. Anastomosis is patent, no focal tenderness or fluctuance. Overall doing quite well. He is going to see the urologist towards the end of this week. I would like to see him back in one week. He missed his follow-up appointment with Dr. Sanz of oncology and I strongly emphasize that he contact Dr. Sanz for follow-up appointment as he needs further treatment.

COPY TO DR. FARZAN, DR. HURLEY AND DR. SANZ.

044120

248596

ANDOVER  
SURGICAL ASSOCIATES, INC.  
140 HAVERHILL STREET  
ANDOVER, MA 01810-1589  
(978) 475-4202

4.

NORMAN ALLEN  
DOB: 11/24/1947

December 16, 1999

J D MANDELL MD

Status post low anterior resection. He left the hospital with a leg bag Foley catheter. This was removed on Tuesday. It sounds like he has had some retention type symptoms since then. He strains to urinate. He is able to void some. He is moving his bowels. He denies any fever. No vomiting. He was uncomfortable last night with pressure from his bladder.

**PHYSICAL EXAMINATION:** His lungs are clear. He is not tachycardiac. His abdomen is soft and nondistended. He has some fullness and discomfort over his bladder-suprapubic area. He does not have any peritoneal signs but he does have some midline suprapubic discomfort, probably related to his distended bladder.

He has an appointment to see the urologist, Dr. Hurley, immediately following this appointment. I have sent him over to Dr. Hurley for probable Foley catheter reinsertion and asked him to return to see me immediately thereafter this morning for reassessment.

**ADDENDUM:** Follow-up from this morning. He went to the urologist, where a Foley catheter was reinserted. It sounds like a huge amount of urine was evacuated. He has a leg bag in place. It sounds like he had almost a liter of urine in his bladder. He feels much better.

**PHYSICAL EXAMINATION:** His abdomen is soft without peritoneal signs. It is nondistended. Rectal exam performed. Some soft stool. No focal tenderness. No fluctuance.

**IMPRESSION/PLAN:** Overall he appears to be doing fairly well. Still has urinary retention. I instructed him to call if he has any fever or abdominal pain, vomiting. He is moving his bowels with soft stool. I would like to have him checked here in the office next week. Temperature today is 97.6.

**COPY TO DR. FARZAN AND TO DR. HURLEY.**



248596

2.0 6.

ANDOVER  
SURGICAL ASSOCIATES, INC.  
140 HAVERHILL STREET  
ANDOVER, MA 01810-1589  
(978) 475-4202

NORMAN ALLEN  
DOB: 11/24/47

January 3, 2000

J D MANDELL MD

Status post low anterior resection. Doing well. Moving his bowels. He denies any fever. He still has a Foley catheter. He will follow-up with urology and he's going to follow-up with oncology and radiation therapy next week. His abdomen is soft and nontender. Incision looks excellent. Return in two weeks.

COPY TO DR. FARZAN AND DR. HURLEY. *g*

January 24, 2000

J D MANDELL MD

Doing quite well moving his bowels. He has not yet seen Dr. Sanz but he is going to see him this Thursday. I also received a letter from Dr. Hurley stating that his bladder sensation was good and there may be a component of prostate obstruction. TURP is planned. He still has a Foley catheter in place. I discussed with him that he is now at least six weeks after surgery and he has not yet followed up with radiation therapy and oncology. I strongly emphasized that he needs to do this. He needs to see Dr. Sanz and Dr. Peterson and begin his treatment. He understands this and he is going to see Dr. Sanz this Thursday. I performed a rectal exam today and his anastomosis feels excellent. It is widely patent. No fluctuance. No focal tenderness. Soft stool. I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *W*

*2/7/00 V. DORR L.M. on A.M. (3.0)*

LGH 2/11/2000

EVALUATE RECTAL FUNCTION S/P LOW ANTERIOR  
RESECTION

J D MANDELL

February 17, 2000

J D MANDELL MD

Status post TURP. He is quite pleased. He is voiding some. He has a suprapubic catheter, which he uses occasionally. He has seen Dr. Hurley for this. He says his bowel movements are becoming more normal in appearance. He moved his bowels twice yesterday. He has no abdominal pain. (continued)



7.

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One Parkway, Haverhill, MA 01830 (978)372-8200

NORMAN ALLEN  
DOB: 11/24/47

February 17, 2000(continued)

J D MANDELL MD

**PHYSICAL EXAMINATION:** His abdomen is soft. He is in good spirits. Plan is start radiation therapy next week. He asked me about some occasional burning sensation on the skin of his buttocks at night, which is brief. It only happened a few times. He does not have any rash in this area. I think we can just follow that for now.

**PLAN:** I will see him back in two weeks.

**COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.**



## Andover Surgical Associates, Inc.

Michael J. Twomey, M.D., F.A.C.S.  
George M. Walker, II, M.D.  
Brian T. Callahan, Jr., M.D., F.A.C.S.  
Paul J. Gemis, M.D., F.A.C.S.  
Jonathan D. Mandell, M.D., F.A.C.S.  
Nancy Cho Landay, M.D.

General Surgery

248594

r

October 28, 1999

David Farzan, M.D.  
203 Turnpike Street  
North Andover, MA 01845

Dear David:

It was a pleasure to see your patient, Norman Allen in the office today. Please see the following office note.

Norman is a 51-year-old gentleman referred for rectal carcinoma. He has a family history of colon cancer in a father in his fifties. He's had hematochezia for about four to five months with each bowel movement, some dark blood as well as red blood. Colonoscopy by Dr. Fazio, October 20th, showed a satellite lesion occupying about one-half of the circumference of the bowel at what he describes as 6 cm from the anal verge. Biopsy is positive for mucinous adenocarcinoma, moderately differentiated. The remainder of the colonoscopy was unremarkable.

Allergies, none. Medications: Dilantin 500 mg once a day, Neurotin two daily, he is not sure of the dose, Ultram for fibromyalgia, Exxor 150 mg once a day, amitriptyline and Ambien. Past medical history: Seizure disorder, last seizure was one year ago, Fibromyalgia, no history of diabetes mellitus, no asthma, no myocardial infarction, no CVA. He has a history of a benign lung tumor on the left side removal by thoracotomy in 1989. Past surgical history: Left thoracotomy in 1989. Tobacco, three packs per day. Alcohol, none. I strongly emphasized that he cut down on this smoking as he is going to have surgery because of the risk of pneumonia and other complications.

**PHYSICAL EXAMINATION:** He is a thin gentleman in no acute distress. Lungs are clear bilaterally. Cardiac exam is regular. He has a left thoracotomy scar. There is no cervical, supraclavicular, axillary or inguinal adenopathy. Abdomen is soft, nontender, no masses, no umbilical hernia, no inguinal hernia. GU exam, unremarkable. Pedal pulses are palpable bilaterally. Femoral pulses palpable bilaterally. Rectal exam: normal sphincter tone, prostate symmetric. On the left side of the rectum at the tip of the examining finger there is a palpable mass, it is mobile. Guaiac negative exam today.

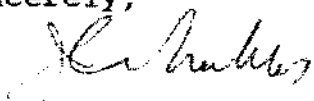
Norman Allen  
Page 2  
October 28, 1999

**PROCEDURE:** Rigid proctoscopy performed after explaining routine risks. The proctoscope was used to identify the location of the mass. By proctoscopic measurement the distal most portion of the mass is about at 8.2 to 8.5 cm from the anal verge. He is a thin-body habitus. The mass appears to be just about the level of the first rectal valve.

**IMPRESSION:** Rectal carcinoma. I discussed with him the nature of rectal carcinoma and the treatment options. The primary treatment in this case is going to be surgery. He may also need chemotherapy and radiation. Additional information at the present time is needed including pathology from the subsequent specimen. The location of his tumor is right on the border between requiring abdominal perineal resection and low anterior resection. I discussed with him that I will try at surgery to reconnect his bowel but he understands that the ultimate surgical procedure is going to have to wait until the time of surgery. Possible abdominal perineal resection was discussed. Even if his bowel is connected he understands he may get a temporary colostomy. He understands that with abdominal perineal resection a colostomy is permanent. Risks of surgery were discussed including bleeding, infection, reaction to the anesthesia, myocardial infarction, stroke, pneumonia and other complications. Possible sexual dysfunction and bladder dysfunction were also discussed from low pelvic surgery. We discussed that I would like to obtain additional information before surgery. We will order a CT scan of the abdomen and pelvis as well as an endorectal ultrasound to evaluate the tumor. We will also have him seen by Dr. Hurley of urology for a brief visit as I would like bilateral ureteral stents placed at the beginning of surgery given the low nature of the pelvic operation. Given his thin-body habitus and the appearance of the tumor and the distance from the anal verge by proctoscopy I think that we can try to perform a low anterior resection possibly with a staple anastomosis. We will also obtain some baseline labs including CEA and I will see him back in about a week. Mr. Allen and his wife understand.

Thank you for the privilege of allowing me to care for your patient.

Sincerely,



Jonathan D. Mandell, M.D., F.A.C.S.

JDM/jll

CC: Thomas Fazio, M.D.

2018544

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6.

NORMAN ALLEN  
DOB: 11/24/47

January 3, 2000

J D MANDELL MD

Status post low anterior resection. Doing well. Moving his bowels. He denies any fever. He still has a Foley catheter. He will follow-up with urology and he's going to follow-up with oncology and radiation therapy next week. His abdomen is soft and nontender. Incision looks excellent. Return in two weeks.

COPY TO DR. FARZAN AND DR. HURLEY. *g*

January 24, 2000

J D MANDELL MD

Doing quite well moving his bowels. He has not yet seen Dr. Sanz but he is going to see him this Thursday. I also received a letter from Dr. Hurley stating that his bladder sensation was good and there may be a component of prostate obstruction. TURP is planned. He still has a Foley catheter in place. I discussed with him that he is now at least six weeks after surgery and he has not yet followed up with radiation therapy and oncology. I strongly emphasized that he needs to do this. He needs to see Dr. Sanz and Dr. Peterson and begin his treatment. He understands this and he is going to see Dr. Sanz this Thursday. I performed a rectal exam today and his anastomosis feels excellent. It is widely patent. No fluctuance. No focal tenderness. Soft stool. I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *W*



**Andover Surgical Associates, Inc.**

248596

Michael J. Twomey, M.D., F.A.C.S.  
George M. Walker, II, M.D.  
Brian T. Callahan, Jr., M.D., F.A.C.S.  
Paul J. Gernis, M.D., F.A.C.S.  
Jonathan D. Mandell, M.D., F.A.C.S.  
Nancy Cho Landay, M.D., F.A.C.S.

General Surgery

January 17, 2001

Norman Allen  
27A Bourque Street  
Lawrence, MA 01841

Dear Mr. Allen:

I am writing to you as we have found that your phone is disconnected and you did not return for your follow-up appointment that was scheduled for earlier this month. I recommend that you continue your follow-up for your rectal carcinoma with us in our office and recommend that you contact our office to schedule an appointment. I will leave further follow-up on this issue up to you.

Sincerely,

Jonathan Mandell, MD

JDM/lw

CC: Dr. Farzan and Dr. Sanz.

2 '8596

7.

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NORMAN ALLEN  
DOB: 11/24/47

February 17, 2000(continued)

J D MANDELL MD

**PHYSICAL EXAMINATION:** His abdomen is soft. He is in good spirits. Plan is start radiation therapy next week. He asked me about some occasional burning sensation on the skin of his buttocks at night, which is brief. It only happened a few times. He does not have any rash in this area. I think we can just follow that for now.

**PLAN:** I will see him back in two weeks.

**COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.** Lu

March 6, 2000

J D MANDELL MD

Norman is in better spirits. He had some diarrhea last week from the chemotherapy. She has been using a suprapubic catheter to empty his residual after voiding. He has been going about half voiding and half emptying by catheter. However, he says over the last day he is doing much better. He emptied all but one ounce of urine from his bladder by voiding. He is very pleased. He currently has no discomfort. His abdomen is soft. He is in better spirits. I will see him back in one month. He will follow-up with Dr. Sanz and Dr. Hurley as well.

**COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.**

W



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**NORMAN ALLEN**  
DOB: 11/24/47

May 9, 2001 (Andover Office) J D MANDELL MD

Norman returns to discuss removal of his porta-cath. He says his porta-cath has not been used for almost a year. He states Dr. Sanz told him he should have this taken out.

Allergies: Paxil. Medications: Dilantin 500 mg a day. He is not on any other medications currently.

**PAST MEDICAL HISTORY:** Seizure disorder, fibromyalgia, rectal carcinoma. No diabetes mellitus. No asthma. No history of myocardial infarction. Past surgical history: Left lung tumor, which was benign. He is also status post porta-cath insertion April 2000. Low anterior resection December 1999.

**PHYSICAL EXAMINATION:** Lungs are clear bilaterally. Cardiac exam is regular. Porta-cath in the left anterior chest is intact. No signs of infection.

**IMPRESSION:** For removal of porta-cath. Risks were discussed including bleeding, infection, reaction to the anesthesia, catheter refracture with distal embolization requiring separate procedure for removal and other complications. He understands and agrees to proceed. We will schedule removal of porta-cath.

COPY TO DR. FARZAN AND DR. SANZ.

LGH 5/15/2001  
REMOVAL OF PORTA CATH

J D MANDELL MD

May 21, 2001 (Andover Office) N C LANDAY MD

Mr. Allen is now one week out from removal of his left subclavian porta cath by Dr. Mandell which was placed for a rectosigmoid carcinoma. His incision is healing nicely. The sutures are removed and the wound steri-stripped. I've asked him to remove these in one week. He will return to see us if there are any questions or problems.

COPY TO DR. FARZAN AND DR. SANZ.



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(978) 475-4202

3.

NORMAN G ALLEN  
DOB: 11/24/1947

November 4, 1999

J D MANDELL MD

No complaints.

CT scan of the abdomen and pelvis did not show any metastatic disease in the liver. There is a suggestion of some left sided extension from the primary tumor in the rectum toward the seminal vesical. However, endorectal ultrasound at Lahey Clinic shows a T2 lesion invading to the perirectal fat, but no lymph nodes were identified. CEA is 3.5, PT is 11.8, PTT 32.7, hematocrit 41. He has not yet seen Dr. Hurley of urology.

I have discussed with Norman and his wife once again the nature of his low rectal carcinoma. We will try to perform low anterior resection with primary anastomosis. However, he understands he is right on the borderline and may end up with an abdominal-perineal resection. Also a temporary colostomy might be a possibility with a low anterior resection. Risks of surgery were discussed, including bleeding, infection, reaction to the anesthesia, pelvic abscess, pneumonia, myocardial infarction and other complications. Possible sexual dysfunction, erectile dysfunction and bladder dysfunction, as well as anal sphincter dysfunction, were discussed.

He understands the issues involved and wishes to proceed. We will arrange for him to see Dr. Hurley of urology, and I have given him instructions on a mechanical bowel preparation before surgery.

PLAN: Low anterior resection of the rectum, possible abdominal-perineal resection, possible colostomy.

COPY TO DR. FARZAN AND DR. FAZIO.



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NORMAN ALLEN  
DOB: 11/24/47

October 25, 2000 (continued) (Andover Office) J D MANDELL MD

**PHYSICAL EXAMINATION:** His abdomen is soft and non-tender. No inguinal adenopathy. No incisional hernia. Lungs are clear bilaterally. Cardiac exam is regular. Rectal exam: He has good sphincter tone, no palpable mass, no fecal impaction, stool guaiac negative.

**IMPRESSION:** Overall doing quite well. I would like to see him back in three months. I reminded that he needs to discuss with Dr. Farzan referral back to Dr. Fazio for endoscopy early next year. He is also following up with Dr. Sanz.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *FW*

*1/11/01 - PT DKA 1/11/01 - phone # disconnected LMC  
1/17/01 - Letter sent to pt - copy in chart (LH)*

March 14, 2001 (Andover Office) J D MANDELL MD

Norman is doing quite well. He says he is moving his bowels and voiding without much problem. He also had a recent colonoscopy by Dr. Fazio, which he says was excellent. He is scheduled to see Dr. Sanz in the near future.

**PHYSICAL EXAMINATION:** His lungs are clear. Cardiac exam is regular. Abdomen soft, non-tender. No incisional hernia. His Prolene suture is palpable under his skin along the length of his incision because he is so thin. Rectal exam normal sphincter tone. No palpable mass. Some soft brown stool, trace guaiac positive. He had a recent colonoscopy, which was negative.

**IMPRESSION:** Overall he is doing quite well. He is going to see Dr. Sanz next week and I have asked him to have Dr. Sanz forward me any tests that he does. His porta-cath site on his left anterior chest looks good. He will discuss that with Dr. Sanz as well. I will see Norman back in six months.

COPY TO DR. FARZAN AND DR. PEDRO SANZ.

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8.

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NORMAN ALLEN  
DOB: 11/24/47

July 10, 2000

(Andover Office)

J D MANDELL MD

Norman is actually doing much better. His suprapubic catheter is out. He is moving his bowels, sometimes bowel movements, sometimes large bowel movements. He had previously some diarrhea and some fecal incontinence but this was probably related to the pelvic radiation. He has not had that recently, and he has not had any incontinence recently.

**PHYSICAL EXAMINATION:** His lungs are clear. Cardiac exam is regular. Abdomen soft, non-distended, non-tender. He has a few prolene sutures that are palpable beneath the skin. There is no erythema. I reassured him regarding this. There is no incisional hernia. No inguinal adenopathy. Rectal exam shows good sphincter tone. He shows good contraction of the sphincter to voluntary squeeze. I can put my finger through the anastomosis without any problem. There is no stenosis. Stool is guaiac negative. No tenderness.

**IMPRESSION:** Doing well following low anterior resection. I would like to see him back in three months. He is going to have some labs drawn by Dr. Sanz later today. I have asked him to be sure to get a CEA with that and have the results sent to me. His porta cath site looks excellent. No signs of infection.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *JW*

*7/19/00 Records copied & mailed to Univ of Mass  
Disability Eval. Services. Auth in chart - Jmt*

October 25, 2000

(Andover Office)

J D MANDELL MD

Doing fairly well. Occasionally loses some stool in his pants, but most of the time has good rectal function and knows when he needs to go the bathroom. Occasional sharp discomfort near the surgical scar consistent with postoperative scar. He is voiding without problem. He gets what he describes as half erections and I advised him to talk to Dr. Hurley about his sexual function.

(continued)

9.

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NORMAN ALLEN  
DOB: 11/24/47

October 25, 2000 (continued) (Andover Office) J D MANDELL MD

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COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.

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248596 3.  
Z.Q.

NORMAN G ALLEN  
DOB: 11/24/1947

November 4, 1999

J D MANDELL MD

No complaints.

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He understands the issues involved and wishes to proceed. We will arrange for him to see Dr. Hurley of urology, and I have given him instructions on a mechanical bowel preparation before surgery.

PLAN: Low anterior resection of the rectum, possible abdominal-perineal resection, possible colostomy.

COPY TO DR. FARZAN AND DR. FAZIO.

W

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8.

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**NORMAN ALLEN**  
DOB: 11/24/47

July 10, 2000

(Andover Office)

J D MANDELL MD

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**COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.**

✓

## **ATTACHMENT E**



## Holy Family Hospital and Medical Center

70 East Street, Methuen, Massachusetts 01844-4597 (508) 687-0151  
(508) 687-0156 Direct Dial

### PHYSICAL THERAPY EVALUATION

ALLEN, Norman

DOB: 11/24/47

GLFHC

MR: 444532

5/12/98

DIAGNOSIS: Fibromyalgia

Date of onset: A little more than 1 year ago.

Patient History: Diagnosed about 2-3 months ago. Recently started with headaches.

Medication: Dilantin, Neurontin, Paxil.

Past Medical History: 1990 benign tumor removed left thorax posterior to lung. Smoker with shortness of breath; seizures; dislocating shoulders-right anterior, left anterior and posterior; decreased short term memory.

Precautions: Seizures, dizziness with bending over at the waist and neck extension.

OBJECTIVE FINDINGS (most normal findings omitted)

Pain: 7/10 neck and left levator scapula most painful. Also complaint of pain both shoulders; low back, hands, knees, ankles.

ROM: \*denotes pain with movement

Lumbar spine: marked limitation backward bending \*most painful.

Moderate/marked limitation forward bending\*

Marked limitation sidebend bilaterally\*

Cervical spine: flexion 60 degrees; extension 35 degrees\*,

dizziness; rotation right 55 degrees, left 55 degrees;

lateral flexion right 28 degrees, left 32 degrees.

Straight leg raise 60 degrees, left 70 degrees,

ankle dorsiflexion right 3 degrees, left 0 degrees.

Palpation: Mild tenderness left levator scapula; sinus tarsi bilaterally.

Posture: Anterior view

sternum cavum.

Posterior view

left shoulder high with increased tone upper trapezius.

Shortening latissimus dorsi right.

Increased tone right levator scapula.

Calcaneus-valgus left.

Slight winging medial border scapula.

Page 2

ALLEN, Norman

MR: 444532

Side view

Genu recurvatum left.

Anterior displacement of humeral head in glenoid  
left greater than right with slight inferior  
displacement.

Mild pes planus.

Function: (relative to premorbid capacity)

Sleeps 2 hours or less-gets up at 2:30-3:30.

Sits up to 1 hour in a comfortable chair.

Walks 1/4 mile.

TREATMENT TODAY: Evaluation, begin exercise program and recommendations for sleep management. Recommend trial Temperpedic pillow and cushioned, supportive footwear.

CLINICAL ASSESSMENT: 50 year old male with history of marked instability bilateral shoulders; complaint of severe neck pain as well as overall body pain and marked limitation spine ROM. Presents with marked difficulty sleeping and performing overhead UE activities. Will benefit from PT to learn home exercise program and pain management.

SHORT TERM GOALS:

Independent home exercise program.

Sleep 3 hours.

Decrease pain 1 grade.

LONG TERM GOALS:

Ambulate 1 mile.

Decrease pain to 5/10.

TREATMENT PLAN: Frequency 2 x a week. Duration 8 weeks

ROM exercises.

Scapular/shoulder stabilization exercises.

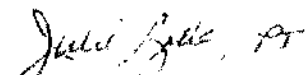
Conditioning program.

Posture training.

Modalities as indicated for pain reduction with spine and left levator scapular.

Soft tissue mobilization.

Clinical findings and treatment plan have been discussed with patient. Patient agrees with plan.

  
Julie Zolla, P.T.

0512;0520-8

Holy Family Hospital  
and Medical Center

248596

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: February 28, 2001

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

It has been 8 months since the patient completed concurrent 5FU chemotherapy and post-op pelvic radiotherapy following low anterior resection and 2 cycles of up front 5FU chemotherapy for a T3N1M0 Grade II invasive adenocarcinoma of the rectum.

S: Patient was last seen by Dr. Sanz in 9/00 and has missed one follow-up appointment in between. He has had a colonoscopy on 11-16-00 which was normal. He has 10-14 soft bowel movements per day. Unfortunately he continues to have some difficulty with anal continence. He does not take Imodium consistently but notices on the days he does take it. The stool is more formed and has more control. Unfortunately, he continues to smoke 3 packs of cigarettes daily. He also drinks a tremendous amount of coffee and continues to have problems with sleeping.

O: On exam, patient's weight is stable at 142 pounds. There is no peripheral adenopathy. Auscultation of the lungs reveals occasional crackles and no significant wheezing. Abdomen is nontender with no organomegaly. No inguinal adenopathy is noted. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence.

A: Patient now 8 months S/P treatment with no obvious disease recurrence locally or other disease by colonoscopy from 11/00. Unfortunately he has missed his follow-up with Dr. Sanz and I have urged him to make a follow-up appointment and that he should be consistent for follow-ups.

I have stressed the importance of smoking cessation with the patient and his wife. I have told him that unless they both give up smoking at the same time, that I doubt they will be successful. In addition, he drinks a tremendous amount of coffee and this I suspect is adding to his problems with insomnia. I have urged that he switch to decaf coffee.

P: Patient will be seen for follow-up in 6 months.

AOP/kl

Cc: Dr. Mandell, Tumor Registry  
Dr. Sanz/LGH, Dr. Farzan  
Dr. Hurley, Dr. fazio

  
Astrid O. Peterson, MD



# **CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: July 5, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

---

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/kl

Cc: Dr. Mandell  
Dr. Farzan  
Dr. Sanz/LGH  
Dr. Hurley  
Dr. Fazio  
Tumor Registry

  
Astrid O. Peterson, MD



and Medical Center

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Discharge Summary

**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

**RADIATION CALENDAR:** Started 4-25-00

Completed 6-19-00

**DOSE:** Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

Finally, using 18Mv photons and further cone down 9.5x9cm right and left lateral treatment portals covering primary tumor site, patient received a final 360 cGy in 2 fractions over 2 elapsed days. Custom blocking technique was again used for portals. A total of 5400 cGy in 30 fractions over 55 elapsed days was given to primary tumor site.

A: Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

P: Follow-up in 2 weeks time.

AOP/kl

Cc: Dr. Mandell

Dr. Hurley

Dr. Farzan, Tumor Registry

Dr. Sanz, Dr. Fazio

J

  
Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: July 5, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Follow-up

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/kl

Cc: Dr. Mandell

Dr. Farzan

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry

  
Astrid O. Peterson, MD





and Medical Center

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000 # 248596

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Discharge Summary

**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

**RADIATION CALENDAR:** Started 4-25-00 Completed 6-19-00

**DOSE:** Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

Finally, using 18Mv photons and further cone down 9.5x9cm right and left lateral treatment portals covering primary tumor site, patient received a final 360 cGy in 2 fractions over 2 elapsed days. Custom blocking technique was again used for portals. A total of 5400 cGy in 30 fractions over 55 elapsed days was given to primary tumor site.

**A:** Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

**P:** Follow-up in 2 weeks time.  
AOP/kl

**Cc:** Dr. Mandell  
Dr. Hurley  
Dr. Farzan, Tumor Registry  
Dr. Sanz, Dr. Fazio

  
Astrid O. Peterson, MD



**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: March 29, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

Patient is a 52-year-old gentleman seen for initial consultation on 1-26-00. At that time, he was S/P low anterior resection for a T3N1M0 Grade II invasive adenocarcinoma of the rectum. Tumor had greater than 50% mucinous component and 1/6 lymph nodes were positive for metastatic disease. The patient has since undergone TURP with placement of a cystoscopy catheter. He has received one full cycle of 5FU and is midway through his second cycle.

S: Patient denies difficulty with abdominal pain, diarrhea or rectal bleeding. Patient notes that he will be giving a urine specimen today to rule of infection.

O: On exam, patient's weight is down several pounds to 140 pounds. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is scaphoid, nontender with no organomegaly. No inguinal adenopathy is noted. Patient has an indwelling cystoscopy tube. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence. There is no stool for guaiac.


A: Patient with Stage III, T3N1M0, Grade II invasive adenocarcinoma of the rectum with 50% mucinous component and 1/6 lymph nodes positive for metastatic disease. Patient is completing his second cycle of 5FU chemotherapy and will be having placement of a portacath so that he can receive infusion 5FU chemotherapy during his course of radiotherapy. I have discussed the course of radiation and potential side effects with patient and his wife. Patient does consent to proceed with treatment as currently outlined.

P: Patient will be booked for pelvic simulation next week. He will have opacification of small bowel with barium as well as rectal opacification at the time of simulation. Patient will start his course of treatment between 3-4 weeks post completion of this cycle of chemotherapy.

AOP/kl

Cc: Dr. Mandell  
Dr. Sanz/LGH  
Dr. Hurley  
Dr. Fazio  
Tumor Registry

8

  
Astrid O. Peterson, MD

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: January 26, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Initial Evaluation

5489910

**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman referred by Dr. Mandell for discussions regarding post-op radiotherapy following resection for rectal carcinoma.

Patient's history dates to mid 1999 when he noted onset of rectal bleeding and gradual change in bowel habits with change in stool caliber and shape. Patient changed PCP and was seen by Dr. Farzan. With the description of these symptoms he was referred to Dr. Fazio and underwent colonoscopy on 10-20-99. He was found to have a semi-circumferential mass in the rectum with lower edge at 6cm and palpable on digital exam. Biopsies revealed mucinous adenocarcinoma, Grade II. On 12-1-99 patient underwent resection of the primary tumor by low anterior resection. Final histology revealed a grade II invasive adenocarcinoma with greater than 50% mucinous component. Tumor measured 5.5cm in greatest diameter and infiltrated into the perirectal adipose tissue. There was lymphatic and extensive perineural invasion noted. Distal and proximal margins of resection were free of tumor but 1/6 lymph nodes was positive for metastatic carcinoma. Pre-op abdominal and pelvic CT revealed no evidence of metastatic disease outside of the rectal area. Patient had voiding problems post-op and currently has an indwelling Foley catheter. Patient relates that he will undergo prostate surgery on 2-10-00 by Dr. Hurley.

**PAST MEDICAL HISTORY:** 5-7 year history of fibromyalgia, History of seizures which began as adult while he was drinking heavily.

**PRIOR SURGERY:** Thoracotomy in 1994. Benign chest tumor.

**MEDICATIONS:** Dilantin ? 500mg q d. and sleeping pill for which he does not know the name.

**ALLERGIES:** None.

**FAMILY HISTORY:** Patient's father with colon carcinoma and mother with carcinoma, unknown type.

**SOCIAL HISTORY:** Patient is married and lives with his wife. He has 2 adult children, a son age 30 and a daughter age 25. Patient previously worked as a contractor but has been unemployed for many years secondary to his seizure

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist:

DOB:

Note:

history. Tobacco: currently 2 packs per day, down from 3-4 packs daily for approximately 30 years. ETOH: Quit one year ago except for an occasional beer, but prior heavy use. Patient does smoke marijuana on occasion.

REVIEW OF SYSTEMS: 20+ pound weight loss both prior to and following surgery (approximately 6 months). Patient has discomfort in the perineal area when sitting. Patient also has discomfort from an indwelling Foley catheter.

O: Pleasant, alert, gentleman weighing 143 pounds at time of examination. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is nontender with no inguinal adenopathy is noted. Rectal exam reveals a very low lying anastomosis within several cm of the anal verge.

A: Stage III, T2N1 mucinous adenocarcinoma of the rectum, S/P low anterior resection. I would recommend consideration of post-op chemotherapy to be followed by combined chemoradiation to decrease the chance of both systemic and locally recurrent disease. The timing of this is somewhat problematic since the patient still has an indwelling Foley catheter and is scheduled for TURP on 2-10-00. This is of some concern since the patient is already 8 weeks out from his low anterior resection and delay in onset of treatment carries a greater risk for locally recurrent disease. I have discussed these issues with Dr. Sanz who will also discuss the timing of chemotherapy and surgery with the patient and with Dr. Hurley. As discussed with the patient, he will receive 2 up front cycles of chemotherapy prior to beginning concurrent chemo and radiation together for treatment of the pelvis and primary tumor site. I have discussed the course of treatment and potential side effects with the patient and his wife who is also in attendance. This will be discussed again when he comes in for follow-up.

P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kl

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: January 26, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Initial Evaluation

---

**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman referred by Dr. Mandell for discussions regarding post-op radiotherapy following resection for rectal carcinoma.

Patient's history dates to mid 1999 when he noted onset of rectal bleeding and gradual change in bowel habits with change in stool caliber and shape. Patient changed PCP and was seen by Dr. Farzan. With the description of these symptoms he was referred to Dr. Fazio and underwent colonoscopy on 10-20-99. He was found to have a semi-circumferential mass in the rectum with lower edge at 6cm and palpable on digital exam. Biopsies revealed mucinous adenocarcinoma, Grade II. On 12-1-99 patient underwent resection of the primary tumor by low anterior resection. Final histology revealed a grade II invasive adenocarcinoma with greater than 50% mucinous component. Tumor measured 5.5cm in greatest diameter and infiltrated into the perirectal adipose tissue. There was lymphatic and extensive perineural invasion noted. Distal and proximal margins of resection were free of tumor but 1/6 lymph nodes was positive for metastatic carcinoma. Pre-op abdominal and pelvic CT revealed no evidence of metastatic disease outside of the rectal area. Patient had voiding problems post-op and currently has an indwelling Foley catheter. Patient relates that he will undergo prostate surgery on 2-10-00 by Dr. Hurley.

**PAST MEDICAL HISTORY:** 5-7 year history of fibromyalgia, History of seizures which began as adult while he was drinking heavily.

**PRIOR SURGERY:** Thoracotomy in 1994. Benign chest tumor.

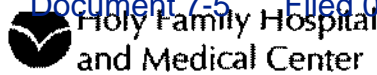
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**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist:

DOB:

Note:

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P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kl

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

A handwritten signature in cursive script, reading "Astrid O. Peterson, MD".

Astrid O. Peterson, MD

## Holy Family Hospital and Medical Center

## ADMISSION RECORD

P  
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EM  
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D

Patient Type and Service <b>SURGICAL DAY CARE</b>		Patient Account Number <b>41462557</b>		Medical Record Number <b>44-45-32</b>	
Room / Bed Accoun. Clerk <b>/ JT</b>		Mother's Med Rec #		Adm Date & Time <b>06/06/00 2:32 PM</b>	
CC		PC			
Patient Name <b>ALLEN, NORMAN G</b>		Previous Name		Date of Birth <b>11/24/1947</b>	
Age - Sex - Race - Marital <b>52Y M W M</b>					
Address <b>27 BOURQUE ST</b>		City <b>LAWRENCE</b>		State <b>MA</b>	
Zip Code <b>01843</b>		Home Phone <b>978-725-5227</b>			
Occupation		Prev Adm <b>05/31/00</b>		Soc. Sec. No. <b>005-46-4086</b>	
Smoke		Religion - Church <b>CATH NO SPECIAL</b>			
Employer <b>NONE</b>		Addr		Bus Phone <b>00000</b>	
Next of Kin <b>ALLEN, RUTH</b>		Addr <b>27 BOURQUE ST</b>		City <b>LAWRENCE</b>	
State <b>MA</b>		Home Phone <b>01843</b>			
NoK Home Phone <b>978-725-5227</b>		Bus Phone		Relationship <b>WIFE</b>	
ADVANCE DIRECTIVE <b>NO</b>					
Pt. Maiden Name		Birthplace <b>CALAIS, ME</b>		Newborn Weight	
Psy Adm Type		Lang <b>ENGLISH</b>			
Guarantor Name <b>ALLEN, NORMAN G</b>		Relationship <b>PATIENT</b>		Guar. Soc. Sec. No. <b>005-46-4086</b>	
Occupation		Guar's Addr <b>27 BOURQUE ST</b>		City <b>LAWRENCE</b>	
State <b>MA</b>		Zip Code <b>01843</b>		Home Phone <b>508-682-6479</b>	
Guar's Employer Name <b>NONE</b>		Employer's Addr		Bus Phone <b>00000</b>	
Pri Ins Co. <b>MEDICAID MANAGED CAR</b>		Subscriber <b>ALLEN, NORMAN G</b>		Ins No. / Grp No. & Name <b>0054640862 / 7051040001 01</b>	
Pri Ins Addr <b>P O BOX 9013</b>		City <b>SOMERVILLE</b>		State <b>MA</b>	
Zip Code <b>02145</b>		Bus Phone <b>800-325-5231</b>			
2nd Ins Co <b>SELF PAY</b>		Subscriber <b>ALLEN, NORMAN G</b>		Ins No. / Grp No. & Name <b>/</b>	
2nd Ins Addr				Bus Phone	
3rd Ins Co		Subscriber		Ins No. / Grp No. & Name	
3rd Ins Addr				Bus Phone	
Admitting Phys <b>HURLEY, LIAM J.</b>		Office Phone		Attending Phys <b>HURLEY, LIAM J.</b>	
Office Phone					
Admitting Diagnosis <b>URINARY RETENTION</b>					
Remarks					
Arrived by					

Additional insurance information and notes:

## MEDICAL RECORDS

Caritas Christi - A Catholic Health Care System - Member

Rev 6/95

**CONSENT FOR TREATMENT AND ASSIGNMENT OF BENEFITS**

1. The undersigned patient (if a minor, the undersigned parents or guardians), knowing that I, (or \_\_\_\_\_ a minor) am (is) suffering from a condition requiring hospital care, do hereby voluntarily consent to such hospital care and medical treatment encompassing diagnostic procedures and medical treatment by Dr. \_\_\_\_\_, his assistants, his designees and hospital consultants and personnel, as is deemed necessary in the judgement of said physician and hospital personnel.

2. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me in regard to the result of treatments or examination in the hospital.

3. I consent to the presence and involvement of medical students, interns and other health care professionals and students in the diagnosis and treatment of my condition.

4. I have read this form and it has been fully explained to me, and I certify that I understand its contents.

5. I hereby assign, unto the Holy Family Hospital all hospital insurance benefits now due and to become due and payable to me by virtue of my treatment by said hospital and I hereby direct the insurer to pay such benefits directly to said hospital, in consideration of the hospital care and services, furnished and to be furnished by said hospital. Said insurer is authorized to deduct such payments from its obligation to me for hospital benefits under the above numbered policy. I understand that I remain financially responsible to the hospital for charges not met by the proceeds of this assignment.

6. I authorize Holy Family Hospital and Medical Center to release such diagnostic and therapeutic information, including mental health, developmental disabilities, alcohol and drug abuse, Acquired Immune Deficiency Syndrome (AIDS), and / or HIV test results or other information as may be necessary for reimbursement. This authorization shall be valid as specified by the patient but not to exceed a period of two years, or until such time as revoked by the patient within said two-year period, unless action on it has already begun. This authorization constitutes a waiver of the provisions of Massachusetts General Laws Chapter 111, Section 70F.

7. I hereby release the Holy Family Hospital from all responsibility for loss of valuables and money kept in my possession during my stay in hospital.

8. ( ) I am legally an emancipated minor, living apart from parents. I am self-supporting and responsible for my food, shelter, and medical treatment.

Witness: \_\_\_\_\_

Signature of patient: \_\_\_\_\_

Date: 6/1/00

Responsible party, if other than patient: \_\_\_\_\_

Relationship: \_\_\_\_\_

**AMA**

This is to certify that I, \_\_\_\_\_, a patient at Holy Family Hospital, am leaving against the advice of the attending physician and hospital authorities. I also acknowledge that I have been informed of the risk involved, and thereby release the attending physician and hospital from all responsibility for any consequences which may result.

Witness: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Or:

Signature of Responsible Party: \_\_\_\_\_

Relationship: \_\_\_\_\_

**SACRAMENTS**

Sacrament of the Sick: Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

Date: \_\_\_\_\_ Administered by: \_\_\_\_\_



Addressograph



# Holy Family Hospital and Medical Center

70 East Street, Methuen, Massachusetts 01844-4597 (978) 687-0151

41462557 SOC 06/06/2000  
 ALLEN, NORMAN G  
 27 HUNTER ST. LAWR HA  
 M. SEX 11/24/1947 444532 CAT  
 HURLEY, LIAM J.  
 2000/20007

## Authorization for Administration of Anesthesia and for Performance of Operations and Other Procedures

- The undersigned patient (if a minor, the undersigned), knowing that I (or NORMAN ALLEN  
a minor, \_\_\_\_\_ years of age), have (has) a condition requiring a operation or procedure, do hereby consent to such  
operation or procedure by Dr. HURLEY, his/her assistants, or his/her designees, as is  
necessary in his/her judgment.
- I consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the  
physician and/or the anesthesiologist.
- Dr. HURLEY has explained to me the nature and purpose of the operation or procedure  
to be performed, namely Cysto removal SP tube  
Removal Cath. from bladder  
(State nature of operation or procedure)  
the material risks associated with this type of operation or procedure, and alternative means of therapy. I also  
understand the material risks associated with not having the operation or procedure performed. I do hereby voluntarily  
consent to such operation or procedure. I acknowledge that no guarantee or assurance has been given to me by anyone  
as to the result of this operation or procedure.
- I understand that during the course of the operation or procedure, unforeseen conditions may develop which could  
require an extension of the original operation or procedure, or a different operation or procedure from that described  
above. I therefore authorize my physician, his/her associates or assistants, to perform such operation or procedure as  
they, in the exercise of their professional judgment, deem necessary and desirable.
- I also consent to the disposal, in accordance with hospital procedure, of any tissues or parts which may be removed in  
any operation or procedure.
- I understand that the hospital has affiliations with schools relating to health care. I consent to the presence and  
participation of students and other health care professionals for the purpose of advancing medical education.
- I consent to the presence of technical representatives in the room in which the operation or procedure is performed, if  
my physician requests advice on instrumentation and/or equipment.
- For the purpose of medical teaching or documentation, I hereby authorize the photography and/or videotaping of the  
operation or procedure.
- I CERTIFY THAT I UNDERSTAND THE CONTENTS OF THIS FORM.

Stanes  
 Witness  
 \_\_\_\_\_  
 Witness

Norman Allen  
 Signature of Patient  
 \_\_\_\_\_  
 Signature of Parent / Guardian

10/1/02  
 Date  
 \_\_\_\_\_  
 Date

HOLY FAMILY HOSPITAL AND MEDICAL CENTER  
70 East Street  
Methuen, MA 01844  
508-687-0151

4141557 SOC 06/06/2000  
ALLEN, ROYAN G  
ST. LOUIS ST LAWY MA  
4/19/47 444532 CAT  
J. J. J. J. J.  
2000000 (Addressograph stamp)

## HISTORY:

Chief Complaint: \_\_\_\_\_

Present Illness: \_\_\_\_\_

56 yo w & m  
rept man, executed per Dr. Mandell.  
⊕ chemo ⊕ urinary refector SPT  
placed. Unable to remove SPT in office

Past Medical History: \_\_\_\_\_

Social History: \_\_\_\_\_

SMH Epilepsy 15H long quiescent  
meds - Dilantin AH. Pansel

Family History: \_\_\_\_\_

Review of Systems: \_\_\_\_\_

Res. OMI Ocell Oves nose Oduke

## PHYSICAL EXAMINATION:

HEENT: \_\_\_\_\_

⊕ uel

Chest: \_\_\_\_\_

Heart: \_\_\_\_\_

Murm

Lungs: \_\_\_\_\_

clear &amp; A/V

Abdomen: \_\_\_\_\_

soft nt

Gastrointestinal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_

Extremities: \_\_\_\_\_

Ocell

Neurological: \_\_\_\_\_

Skin and Lymph: \_\_\_\_\_

PRINCIPAL DIAGNOSIS: \_\_\_\_\_

cust removal of SPT

OPERATIONS: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician

Date

3/92; Revised 11/92; revised 1/93  
revised 5/93  
C:\Misc\0550

SHORT - STAY RECORD

NP193

PROGRESS NOTES:

6/16/00 GU brief of notes  
Anesthesia - many references  
Risk factors - SPT  
Procedure - used removal of SPT  
Anesthesia - MAC  
Surgeon - Hickey  
Findings -

DISCHARGE SUMMARY:

CONDITION ON DISCHARGE (include mental status relative to anesthesia recovery):

Stable

INSTRUCTIONS TO PATIENT/PATIENT'S SPONSOR:

AM - 2 days

Signature:

*Hickey*  
Physician

Date

SHORT - STAY RECORD

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

## LABORATORY REPORT

PATIENT  
ALLEN, NORMAN GSEX  
MAGE  
52DATE OF BIRTH  
11/24/1947LOCATION  
PATPRINT DATE  
06/02/00  
0532MED REC # / ACCT #  
444532 / 41462557ADMIT DATE  
06/01/00

DISCH DATE

SUBMITTING DOCTOR  
HURLEY, LIAM J.

Specimen: 0601:C00220R		COMP	Collected: 06/01/00-1442		Received: 06/01/00-1442	
— TEST —		— RESULTS —			— REFERENCE RANGE —	
CHEMISTRY						
CRE				0.7	L	0.8-1.3 mg/dl

Specimen: 0601:H00200R		COMP	Collected: 06/01/00-1442	Received: 06/01/00-1442
— TEST —		— RESULTS —		— REFERENCE RANGE —
HEMATOLOGY				
HEMOGRAM				
WBC	6.6			4.8-10.8 k/ul
RBC		4.04	L	4.70-6.10 m/ul
HGB		13.1	L	14.0-18.0 g/dl
HCT		38.3	L	42.0-52.0 %
MCV		94.8	H	80.0-94.0 fL
MCH		32.4	H	27.0-31.0 pg
MCHC	34.1			33.0-37.0 g/dl
RDW		17.3	H	11.5-14.5 %
PLT	185			150-450 k/ul
AUTO DIFF				
POLY	72.2			40-74 %
LYMPH		11.4	L	20-50 %
MONO		8.9	H	1-8 %
EOS		6.4	H	0-4 %
BASO		1.1	H	0-1 %
POLY #	4.7			k/ul
LYMPH#	0.8			k/ul
MONO#	0.6			k/ul
EOS#	0.4			k/ul
BASO#	0.1			k/ul
COAGULATION				
PT	12.5			11.6-13.2 secs
PTT	24.5			21.3-30.0 secs

\*\* END OF REPORT \*\*

Caritas Christi \* A Catholic Health Care System \* Member

*facul to*  
*m p*

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

## LABORATORY REPORT

PATIENT ALLEN, KIRKLAND	SEX M	AGE 7M 21	DATE OF BIRTH 10/13/1999	LOCATION PAT	PRINT DATE 06/03/00 ● 0532
MED REC # / ACCT # 594960 / 41465121	ADMIT DATE 06/02/00	DISCH DATE	SUBMITTING DOCTOR ZAPPALA, STEPHEN M		

Specimen: 0602:H00093R COMP Collected: 06/02/00-0734 Received: 06/02/00-0734

— TEST —

— RESULTS —

— REFERENCE RANGE —

HEMATOLOGY			
HEMOGRAM			
WBC	9.3		4.5-13.5 k/ul
RBC	4.77		4.00-5.20 m/ul
HGB	12.0		11.5-15.5 g/dl
HCT	36.1		35.0-45.0 %
MCV	75.6		75.0-87.0 fL
MCH	25.1		23.0-30.0 pg
MCHC	33.2		30.0-36.0 g/dl
RDW	13.2		11.5-14.5 %
PLT	383		150-450 k/ul
AUTO DIFF			
POLY	42.6		40-74 %
LYMPH		41.5	L 45-75 %
MONO		13.4	H 1-8 %
EOS	2.1		0-4 %
BASO	0.4		0-1 %
POLY #	4.0		k/ul
LYMPH#	3.9		k/ul
MONO#	1.2		k/ul
EOS#	0.2		k/ul
BASO#	0.0		k/ul

\*\* END OF REPORT \*\*

Caritas Christi \* A Catholic Health Care System \* Member

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

## LABORATORY REPORT

PATIENT  
ALLEN, NORMAN GSEX  
MAGE  
52DATE OF BIRTH  
11/24/1947LOCATION  
PATPRINT DATE  
06/03/00  
● 0532MED REC # / ACCT #  
444532 / 41462557ADMIT DATE  
06/01/00

DISCH DATE

SUBMITTING DOCTOR  
HURLEY, LIAM J.

Specimen: 0602:U00010R COMP Collected: 06/02/00-0804 Received: 06/02/00-0804

TEST	RESULTS	REFERENCE RANGE
URINALYSIS		
UA		
COLOR	YELLOW	
CLARITY	CLOUDY	
GLUCOSE	NORM	NEGATIVE (mg/dl)
BILIRUBIN	NEG	NEGATIVE (mg/dl)
KETONES	NEG	NEGATIVE (mg/dl)
SGU	1.015	1.005-1.030
BLOOD		150
PH, URINE	7	H NEGATIVE (/ul) 6-8
PROTEIN (U)		100
UROBILINOGEN	NORM	H NEGATIVE (mg/dl) NORMAL (mg/dl)
NITRITE		POS
LEUK ESTERASE		H NEGATIVE H NEGATIVE (/ul) 500
URIN MICR		
RBCU	11-20	0-3 /hpf
WBCU	GREATER THAN 100	0-5 /hpf
CASTS	0-2 COARSE GRANULAR	/lpf
BACTERIA	3+	NONE SEEN

\*\* END OF REPORT \*\*

Caritas Christi \* A Catholic Health Care System \* Member



HOLY FAMILY HOSPITAL & MEDICAL CENTER  
 RESULTS FOR RESULT DATE 05/24/2000  
 RESULTS REPORTING  
 Thu Jun 1, 2000 2:40 PM  
 Printed By: CAD,PAT

6/6

Name= ALLEN, NORMAN G Age= 52Y Sex= M MRUN 44-45-32  
 Adm Dt= 06/01/2000 Loc= PAT Acct#= 41462557 Phys= HURLEY, LIAM J.

Ord #= L977335-1 Sched D/T= 05/24/2000 1156  
 Ord Phys= PETERSON, ASTRID O. RESULTED Collect D/T= 05/24/2000 1201  
 Resulted by= SYS, LAB Result D/T= 05/24/2000 1251

## CHEM7

		(1 of 2)
GLU:	* 113	(70 - 110) mg/dl
BUN:	10	(7 - 18) mg/dl
CRE:	* 0.7	(0.8 - 1.3) mg/dl
NA:	140	(140 - 148) mEq/L
K:	4.2	(3.6 - 5.0) mEq/L
CL:	101	(100 - 108) mEq/L
CO2:	28	(21 - 32) mmol/L
AGAP:	11	(5 - 15) mEq/L

Ord #= L977336-1 Sched D/T= 05/24/2000 1156  
 Ord Phys= PETERSON, ASTRID O. RESULTED Collect D/T= 05/24/2000 1201  
 Resulted by= SYS, LAB Result D/T= 05/24/2000 1215

## HEMOGRAM

		(2 of 2)
WBC:	7.0	(4.8 - 10.8) k/ul
RBC:	* 4.36	(4.70 - 6.10) m/ul
HGB:	* 13.6	(14.0 - 18.0) g/dl
HCT:	* 41.2	(42.0 - 52.0) %
MCV:	* 94.6	(80.0 - 94.0) fL
MCH:	* 31.2	(27.0 - 31.0) pg
MCHC:	33.0	(33.0 - 37.0) g/dl
RDW:	* 17.8	(11.5 - 14.5) %
PLT:	246	(150 - 450) k/ul
MPV:	7.9	(6.2 - 10.4) fL

\* System: HF LIVE \*\*\*\*\* For: DOLAN, CAROL A \*  
 \* End: RR RSLT BY RESULT DATE (SCRN/PRT)  
 \* \*\*\*\*\*



MASSACHUSETTS

## FORM OF EVALUATION - ANESTHESIA DEPARTMENT

Information obtained from:

Patient ( ) Speaks and Understands English ( )  
Other ( )

Name and Relationship

(PLEASE COMPLETE IN INK)

4445557 SOC 06/06/2000  
ALLEN, NORMAN G  
27 COURTUE ST LAWR MA  
MAY 11/24/1947 444532 CAT  
HOLLEY, LIAH J.  
1000-20007

(addressograph stamp)

Previous Operations (Please List)	Approximate Year	Type of Anesthesia (Asleep or Spinal)	List Any Complications

Do you take any drugs or medications regularly?

Yes No

If yes, please list name and dose. Important: Note any oral steroids.

## MEDICATION INVENTORY

Last Dose to be completed by RN

Drug	Dose	Frequency	Reason	Date	Time	Amount
Dilantin	400 mg	Day	SEIZURES			

To be completed by RN

Height \_\_\_\_\_ Weight \_\_\_\_\_ (actual)

RN Signature: \_\_\_\_\_

Attending MD Initials \_\_\_\_\_

CIRCLE

Have you ever had an allergy or bad reaction to a drug/medicine/tropical  
fruit/latex balloons?Yes ☒ NoIf yes, please specify reaction: Turned Red - PAXIL

Do you smoke or have you ever smoked?

Yes ☒ NoIf yes, how much each day? YES For how many years? 20

If stopped, for how many years \_\_\_\_\_

Do you drink alcoholic beverages?

Yes ☒ No

If yes, how often? \_\_\_\_\_

Has a close relative ever had a problem with anesthesia?

Yes ☒ No

If yes, please specify: \_\_\_\_\_

Do you have diabetes?

Yes ☒ No

If yes, how is your diabetes managed: diet \_\_\_\_\_ medication \_\_\_\_\_

Are you pregnant? Date of Last Menstrual Cycle \_\_\_\_\_

Yes ☒ No

Do you have asthma?

Yes ☒ No

If yes, please specify: \_\_\_\_\_

Do you have hay fever and/or environmental allergies?

Yes ☒ No

If yes, please specify: \_\_\_\_\_

Have you had a cold, sore throat or hoarseness in the past two weeks?

Yes ☒ No

Do you have a chronic cough?

Yes ☒ No

Do you have heartburn?

Yes ☒ No

Revised 11/92; 5/93; 2/97; 11/97; 12/98

C. Jones/0755

(Page 23 of 75)

Do you have high blood pressure? Yes ☒ No ☐

Have you had a heart murmur? Yes ☒ No ☐

Do you get short of breath? Yes ☒ No ☐

Climbing one flight of stairs? Yes ☐ No ☐

Climbing two flights of stairs? Yes ☒ No ☐

Have you had a heart attack? If yes, when? \_\_\_\_\_ Yes ☒ No ☐

Do you have angina? If yes, when \_\_\_\_\_ Yes ☒ No ☐

Do you get episodes of pain or heaviness in your chest? Yes ☒ No ☐

Have you fainted recently? Yes ☒ No ☐

Do you have a history of a spinal cord defect? Yes ☒ No ☐

Have you had any trouble with numbness, tingling or loss of strength in arms, legs or any muscles? — ONLY SINCE OPERATION - COLON CANCER Yes ☒ No ☐

Have you had a convulsion or seizure? Last seizure: 2YRS AGO Yes ☒ No ☐

Have you ever had yellow jaundice, hepatitis, cirrhosis, or trouble with the liver? Yes ☒ No ☐

Have you ever had a blood transfusion? When? \_\_\_\_\_ Yes ☒ No ☐

Have you ever had kidney trouble? Yes ☒ No ☐

Do you have contact lenses? Yes ☒ No ☐

Do you have dental plates, bridges, caps or any loose teeth? Please list \_\_\_\_\_ Yes ☒ No ☐

Do you have any other medical problems or concerns? If so, please list \_\_\_\_\_ Yes ☒ No ☐

Have you had a major illness or major accident? If so, please state: CANCER (Colon) Yes ☒ No ☐

Do you live alone? Yes ☒ No ☐

Any concerns? Please explain \_\_\_\_\_

NOTE: IF IT IS NECESSARY TO USE AN "AIRWAY" DURING SURGERY, THERE IS A POSSIBILITY THAT YOUR TEETH COULD BE INJURED. THAT IS A RISK YOU MUST AGREE TO ACCEPT.

Please sign: Norman Allan Date: 6-1-00  
Patient's Signature

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

Arrangements for Discharge: (to be completed by Pre Admission or SDC nurse only)

To Where: Reith Shaw

With Whom: Reith Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

Anesthesia Machine #

N2-1

Check-out completed by

Rohr

1947557 SDC 06/06/2000  
 ALLEN, NORMAN G  
 5700000 ST LAWR HA  
 11/24/1947 444532 CAT  
 HURLEY, LIAM J.  
 6/20/2000

## ● HOLY FAMILY HOSPITAL & MEDICAL CENTER ANESTHESIA RECORD

### Anesthesia Apparatus Checkout Recommendations

- \*1. Inspect anesthesia machine for: machine identification number, valid inspection sticker, undamaged flowmeters, vaporizers, gauges, supply hoses complete, undamaged breathing system with adequate CO<sub>2</sub> absorbent, correct mounting of cylinders in yokes, presence of cylinder wrench.
- \*2. Inspect and turn on: electrical equipment requiring warm-up (ECG/pressure monitor, oxygen monitor, etc.).
- \*3. Connect waste gas scavenging system: adjust vacuum as required.
- \*4. Check that: flow-control valves are off, vaporizers are off, vaporizers are filled (not overfilled), filler caps are sealed tightly, CO<sub>2</sub> absorber by-pass (if any) is off.
- \*5. Check oxygen (O<sub>2</sub>) cylinder supplies:
  - a. Disconnect pipeline supply (if connected) and return cylinder and pipeline pressure gauges to zero with O<sub>2</sub> flush valve.
  - b. Open O<sub>2</sub> cylinder; check pressure; close cylinder and observe gauge for evidence of high pressure leak.
  - c. With the O<sub>2</sub> flush valve, flush to empty piping.
  - d. Repeat as in b. and c. above for second O<sub>2</sub> cylinder, if present.
  - e. Replace any cylinder less than about 600 psig. At least one should be nearly full.
  - f. Open less full cylinder.
- \*6. Turn on master switch (if present).
- \*7. Check nitrous oxide (N<sub>2</sub>O) and other gas cylinder supplies: Use same procedure as described in 5a. & b. above, but open and CLOSE flow-control valve to empty piping. Note: N<sub>2</sub>O pressure below 745 psig, indicates that the cylinder is less than 1/4 full.
- \*8. Test flowmeters:
  - a. Check that float is at bottom of tube with flow-control valve closed (or at min. O<sub>2</sub> flow if so equipped).
  - b. Adjust flow of all gases through their full range and check for erratic movements of floats.
- \*9. Test ratio protection/warning system (if present): Attempt to create hypoxic O<sub>2</sub>/N<sub>2</sub>O mixture, and verify correct change in gas flows and/or alarm.
- \*10. Test O<sub>2</sub> pressure failure system:
  - a. Set O<sub>2</sub> and other gas flows to mid-range.
  - b. Close O<sub>2</sub> cylinder and flush to release O<sub>2</sub> pressure.
  - c. Verify that all flows fall to zero. Open O<sub>2</sub> cylinder.
  - d. Close all other cylinders and bleed piping pressures.
  - e. Close O<sub>2</sub> cylinder and bleed piping pressure.
  - f. CLOSE FLOW CONTROL VALVES.
- \*11. Test central pipeline gas supplies:
  - a. Inspect supply hoses (should not be cracked or worn).
  - b. Connect supply hoses, verifying correct color coding.
  - c. Adjust all flows to at least mid-range.
  - d. Verify that supply pressures hold (45-55 psig).
  - e. Shut off flow control valves.
- \*12. Add any accessory equipment to the breathing system: Add PEEP valve, humidifier, etc., if they might be used (if necessary remove after step 16 until needed).
13. Calibrate O<sub>2</sub> monitor:
  - a. Calibrate O<sub>2</sub> monitor to read 21% in room air.
  - b. Test low alarm.
  - c. Occlude breathing system at patient end; fill and empty system several times with 100% O<sub>2</sub>.
  - d. Check that monitor reading is nearly 100%.
14. Sniff inspiratory gas: There should be no odor.
- \*15. Check unidirectional valves:
  - a. Inhale and exhale through a surgical mask into the breathing system (each limb individually, if possible).
  - b. Verify unidirectional flow in each limb.
  - c. Reconnect tubing firmly.
- \*16. Test for leaks in machine and breathing system:
  - a. Close APL (pop-off) valve and occlude system at patient end.
  - b. Fill system via O<sub>2</sub> flush until bag just full, but negligible pressure in system. Set O<sub>2</sub> flow to 5 L/min.
  - c. Slowly decrease O<sub>2</sub> flow until pressure no longer rises above about 20 cm H<sub>2</sub>O. This approximate total leak rate, which should be no greater than a few hundred ml/min. (less for closed circuit techniques).

CAUTION: Check valves in some machine make it imperative to measure flow in step c above when pressure just stops rising.

  - d. Squeeze bag to pressure of about 50 cm H<sub>2</sub>O and verify that system is tight.
17. Exhaust valve and scavenger system:
  - a. Open APL valve and observe release of pressure.
  - b. Occlude breathing system at patient end and verify that negligible positive or negative pressure appears with either zero or 5 L/min. flow and exhaust relief valve (if present) opens with flush flow.
18. Test ventilator:
  - a. If switching valve is present, test function in both bag and ventilator mode.
  - b. Close APL valve if necessary and occlude system at patient end.
  - c. Test for leaks and pressure relief by appropriate cycling (exact procedure will vary with type of ventilator).
  - d. Attach reservoir bag at mask fitting, fill system and cycle ventilator. Assure filling/empty of bag.
19. Check for appropriate level of patient suction.
20. Alarms on.
21. Check, connect, and calibrate other electronic monitors.
22. Check final position of all controls.
23. Turn on and set other appropriate alarms for equipment to be used.  
(Perform next two steps as soon as is practical)
24. Set O<sub>2</sub> monitor alarm limits.
25. Set airway pressure and/or volume monitor alarm limits (if adjustable).
26. Checkout completed.

If an anesthetist uses the same machine in successive cases, the steps marked with an asterisk (\*) need not be repeated or may be abbreviated after the initial checkout.

† A vaporizer leak can only be detected if the vaporizer is turned on during this test. Even then, a relatively small but clinically significant leak may not be obscured.

FDA - August



8:58 AN END 9:12		8:51 OP END 8:58		R HALL NO. 6106/000		1452557 SUG 06/06/2000 LLEN, NORMAN G 1000 ST LAW, MA 11/14/1947 444532 CAT J. L. L. J.	
<input checked="" type="checkbox"/> IDENT <input checked="" type="checkbox"/> MACHINE # N2-1 <input checked="" type="checkbox"/> GAS SCAV. ARM / LEG <input checked="" type="checkbox"/> NIBP ① R <input type="checkbox"/> A-LINE L R <input checked="" type="checkbox"/> EYE PROTECTION TAPE <input checked="" type="checkbox"/> IV SITES ② 1 arm <input checked="" type="checkbox"/> SCCS - ABS <input type="checkbox"/> NRBS <input type="checkbox"/> N. STIMULATOR <input type="checkbox"/> TEMP. PROBE: ESO/SKIN/RECT <input checked="" type="checkbox"/> ALL MONITORS OPERATIVE <input type="checkbox"/> MONITOR FAILURE (EXPL. OVER) <input type="checkbox"/> AIRWAY <input type="checkbox"/> ENDOTRACHEAL TUBE SIZE: CUFF VOL: EASY/DIFF. WHY?		<input checked="" type="checkbox"/> PERMIT <input checked="" type="checkbox"/> ROOM # 6		ANESTHETIST: SURGEONS: HURLEY		PROCEDURE: CRYSTO / Removal of SUPRACARDIAC TUBE	
TOTAL PRE OP P 75 BP 140/88 SAO <sub>2</sub> 100%							
ANESTHESIA AGENTS - DRUGS		EVENTS O <sub>2</sub> / N <sub>2</sub> O SEVOFLURANE 200 PROPOFOL 100 FENITRANE					
MONITORS		ECG FIO <sub>2</sub> SpO <sub>2</sub> EtCO <sub>2</sub> MV PIP Temp. Urine EBL RL					
FLUIDS		RL 300					
EVENTS		① Pac R with O <sub>2</sub> / FENITRANE Induced with Propofol / O <sub>2</sub> / N <sub>2</sub> O / Sevoflurane over-lashed via mask + bag Spontaneous + assisted ventilates					
TOTAL FLUIDS RL 300		POST-OP CONDITION P 74					

Holy Family Hospital  
and Medical Center

# ANESTHESIA RECORD

## PRE-ANESTHETIC EVALUATION

ASA CLASS 1 (2) 3 4 5 E

AGE 52 NPO STATUS *at 8:00 AM*

HEIGHT 5-10 WEIGHT 137 1/4

PROPOSED SURGERY *Cysto Removal of Sigmoid Colon*

## ALLERGIES

*None*

## MEDICATIONS

*Diazepam  
Tylenol + codeine  
Mazadone  
Oxycodone  
Sulfamethoxazole*

## LABS

A	CXR	<input type="checkbox"/> checked
B	EKG	<input type="checkbox"/> checked
C	Lytes	<input type="checkbox"/> checked
D	CBC	<input type="checkbox"/> checked
E	Blood Sugar	<input type="checkbox"/> checked
F	Blood Gasses	<input type="checkbox"/> checked
G	PT/PTT	<input type="checkbox"/> checked

## CARDIOVASCULAR

*Denies MI, angina  
H.N.*

## RESPIRATORY

*Chronic smoker  
COPD*

## CNS

*Denies  
Hx seizure disorder*

## NECK, AIRWAY, TEETH

*Good teeth  
adequate airway / F.R. on neck*

## ENDOCRINE

*Denies diabetes  
or thyroid disease*

## PREVIOUS SURGERY

*Thyroidectomy (L)  
TURP  
Colectomy*

## MISCELLANEOUS

*Colon Ca*

## ANESTHETIC PLAN

Technique, risks, alternatives and side effects, including but not limited to vein injury, nerve injury, tooth damage, sore throat, hoarseness, parasthesia, headache, infection, allergic reactions, and need for post-op ventilation has been explained. Patient or patient's guardian understands and accepts. All questions answered.

(GA)

RA

MAC

*Rubio  
6/6/2000*

## POST OPERATIVE VISIT

*9:12 AM Unventilated patient awake. Brought to RR awake.  
Alert vital signs stable*

*Rubio*

**HOLY FAMILY HOSPITAL AND MEDICAL CENTER**

70 East St.  
Methuen, MA 01844  
(978) 687-0151

**OPERATIVE NOTE**

Patient Name: ALLEN, NORMAN  
Med. Rec. # : 27-66-35  
Date of Birth: 11/24/1955  
Room No.:

Admission Date: 06/06/00  
Attending Phys.: Liam J. Hurley, M.D.  
Date of Operation: 06/06/00  
Surgeon: Liam J. Hurley, M.D.

DATE OF SURGERY: 06/06/00

SURGEON: DR. LIAM J. HURLEY

PREOPERATIVE DIAGNOSIS: URINARY RETENTION

POSTOPERATIVE DIAGNOSIS: SAME

PROCEDURE: CYSTOURETHROSCOPY AND REMOVAL OF SUPRAPUBIC TUBE

**ANESTHESIA:**

I was unable to remove the surpapubic tube in the office. The patient is now here for anesthesia to remove this.

PROCEDURE: With the patient subsequently introduced under anesthesia, prepped and draped in sterile fashion. A #22 French cystourthroscope was placed in the bladder without difficulty. The tip of the suprapubic tube was identified and was very encrusted resulting in inability to remove it in the office. I then resected the suprapubic tube at the skin level and pulled out the tip of the suprapubic tube through his penis. The patient tolerated the procedure well and was given antibiotics and will be following up with me in 2 weeks to let me know how well things are progressing. The bladder wall was examined and found to contain no evidence of bleeding or any other masses.

  
Liam J. Hurley, M.D.

LJH/lmf  
D: 06/06/00  
T: 06/11/00  
cc: Dr. David Farzan

cc: Liam J. Hurley, M.D.

(F)

**OPERATIVE NOTE**

Holy Family Hospital  
and Medical Center  
70 East Street  
Methuen, MA 01844

# PERIOPERATIVE NURSING DOCUMENTATION

DATE 6-6-00 OPERATING ROOM # 6

TIME IN 0838 TIME OUT 912

INCISION TIME 0851

☐ SCHEDULED ☐ EMERURGENT

☐ IN-PT. ☒ SURGICAL DAY ☐ OUT PT.

444532 SDC 06/06/2000  
ALLEN, NORMAN G  
87 BOURNE ST LAWR MA  
BORN 11/24/1947 444532 CAT  
MURLEY, LIAH J.  
2000-2000

## CHART REVIEW

☒ CONSENTS ☒ H&P ☒ EKG ☒ CHEST X-RAY

LAB DATA: ☐ HGB ☐ HCT ☒ LYES ☒ PT ☒ PTT ☐ BLOOD PRODUCTS # UNITS \_\_\_\_\_ ID# \_\_\_\_\_

☐ ENT ☐ ORTHO ☐ NEURO ☒ UROLOGY ☐ OPHTHALMIC ☐ ORAL

☐ VASCULAR ☐ GENERAL ☐ OB/GYN ☐ PLASTIC ☐ THORACIC ☐ PODIATRY ☐ OTHER

## PT. INTERVIEW

☐ WRISTBAND ID ☐ VERBAL ID ☐ OP SITE VERIFIED NPO AFTER MN ☐ YES ☐ NO SINCE \_\_\_\_\_

ALLERGIES ☐ NKA ☒ YES Paxil

PHYSICAL ASSESSMENT: SKIN: ☐ PALE ☐ COOL ☒ DRY ☐ DIAPHORETIC ☒ WARM ☐ FLUSHED

☐ CYANOTIC ☐ BRUISE ☐ RASH ☐ REDDENED AREA SKIN INTEGRITY: ☐ INTACT ☐ OTHER

COMMENTS: Hx colon ca. Treated with chemo. Left chest

LEVEL OF RESPONSIVENESS: ☒ AWAKE ☒ ORIENTED ☐ RESPONSIVE ☐ DISORIENTED ☐ UNRESPONSIVE ☐ DROWSY

LEVEL OF EMOTIONAL STATUS: ☐ COOPERATIVE ☐ ANXIOUS ☐ CALM ☐ CRYING ☐ OTHER

LIMITATIONS: ☐ NONE ☐ AUDITORY ☐ VISUAL ☐ LANGUAGE \_\_\_\_\_ ☐ MOBILITY \_\_\_\_\_

☐ OTHER: \_\_\_\_\_ ☐ IMPLANTS: \_\_\_\_\_ ☐ PROSTHESIS: \_\_\_\_\_

☐ URINARY CATHETER AMT. IN BAG \_\_\_\_\_ cc

INVASIVE LINES ☐ NONE ☐ A-LINE ☐ CENTRAL ☐ SWAN-GANZ ☒ PERIPHERAL ☐ OTHER

COMFORT MEASURES: ☒ WARM BLANKET ☐ OTHER

## NSG. DIAGNOSIS: POTENTIAL FOR ANXIETY RELATED TO KNOWLEDGE DEFICIT:

☒ COMMUNICATE PATIENT CONCERNS TO OTHER

HEALTH CARE MEMBERS

EVALUATION: DEMONSTRATES UNDERSTANDING OF EXPLANATIONS

☒ YES ☐ NO ☐ COMMENT \_\_\_\_\_

GOAL: DEMONSTRATES DECREASED ANXIETY  
THRU BODY LANGUAGE AND VERBALIZATION

☐ CONVEY CARING SUPPORTIVE ATTITUDE

☒ REMAIN WITH PATIENT DURING INDUCTION

☐ OTHER

ANESTHESIA TYPE: ☐ GENERAL ☐ MAC ☐ SPINAL ☐ BLOCK/REGIONAL ☐ EPIDURAL

PRE-OPERATIVE DIAGNOSIS: urinary retention

SURGICAL PROCEDURE: cystoscopy, Removal of supra pubic tube

POST OPERATIVE DIAGNOSIS: Same

SURGEON: D. Hurley

ASSISTANT \_\_\_\_\_

ANESTHESIOLOGIST: D. Hogue

CRNA \_\_\_\_\_

CIRCULATING NURSE: G. Beharman

RELIEF \_\_\_\_\_ IN \_\_\_\_\_ OUT \_\_\_\_\_

RELIEF \_\_\_\_\_ IN \_\_\_\_\_ OUT \_\_\_\_\_

RELIEF R. J. ant IN 0800 OUT \_\_\_\_\_

RELIEF Shangprerna IN \_\_\_\_\_ OUT \_\_\_\_\_

LASER NURSE \_\_\_\_\_

OTHER AUTHORIZED PERSONNEL \_\_\_\_\_

☐ CELL SAVER ☐ ANTIEMESIS STOCKINGS ☐ SEQUENTIAL STOCKINGS

DATA

OR NSG. ASSESSMENT

POTENTIAL FOR ANXIETY

INTRA OP PLAN OF CARE

POTENTIAL FOR INJURY

INJECTION



INTRA-OP

## DRUGS AND SOLUTIONS (OTHER THAN THOSE GIVEN BY ANESTHESIA)

TIME	TYPE	AMOUNT	ROUTE	IRRIGATIONS
				NACL

SPECIMENS: 0IMPLANTS/PROTHESIS: ☐ YES ☒ NO ☐ EXP. DATE

MANUFACTURE

TYPE

SIZE

SERIAL #/LOT

☐ SEE OTHER SIDEX-RAYS: ☐ YES ☒ NO

TYPE

DYE/TYPE

REACTION NOTED

☐ NA☐ NO

POTENTIAL FOR INJURY

NSG. DIAGNOSIS: POTENTIAL FOR INJURY

GOAL: PATIENT WILL REMAIN FREE FROM INJURY

PLAN AND IMPLEMENTATION

PATIENT SURGICAL POSITION: ☐ SUPINE ☐ PRONE ☒ LITHOTOMY ☐ JACKKNIFE ☐ LEFT SIDE ☒ RT. SIDE

OTHER/COMMENT:

POSITIONAL AIDS: ☐ SAFETY BELT ☐ BEAN BAG ☒ ARM BOARDS ☒ STIRRUPS ☐ PADS ☐ PILLOWS ☐ LAM FRAME

OTHER

POSITIONED BY: BLKGROUNDING PAD: ☒ NA ☐ SITE

ESU #

BIPOLAR #

SETTINGS: COAG

CUTTING

BIPOLAR

GROUNDING PAD SITE POST OP: ☐ INTACT ☐ OTHERLASER: ☐ ARGON ☐ CO<sub>2</sub> ☐ YAG OTHER EQUIPMENT:

TOURNIQUET: UNIT #

APPLIED BY:

SITE:

PRESSURE

INFLATED:

DEFLATED

COUNTS:

SET UP BY CIRCULATOR

SCRUB

CORRECT (INITIALS)

UNRESOLVED (INITIALS)

☒ SURGEON NOTIFIED OF COUNTS  
 IF UNRESOLVED X-RAY TAKEN  
☐ YES ☐ NO IF NO, EXPLAIN

	NA	#1	#2	#3	#1	#2	#3
INSTRUMENTS	<u>LP</u>						
SPONGES							
SHARPS	<u>1</u>						

EVALUATION/OUTCOME: TOLERATED WITH NO APPARENT INJURY ☒ YES ☐ NO

POTENTIAL FOR INFECTION

NSG. DIAGNOSIS: POTENTIAL FOR INFECTION

GOAL: PATIENT IS FREE FROM INFECTION

PLAN AND IMPLEMENTATION

SKIN PREPARATION: ☐ SHAVE AREA: BYPREP: ☒ BETADINE SOLUTION ☐ BETADINE SCRUB ☐ OTHERBY Dr. HurkyURINARY CATHETER: ☒ NONE ☐ TYPE SIZE INSERTED BY: D/C'd: ☐ YES ☐ NO OUTPUT cc

DRAINS/TUBES: SIZE/TYPE/SITE

PACKING: SIZE/TYPE/SIZE

CAST: TYPE

DRESSING TYPE: 4x4 paper tapeEVALUATION: PRINCIPLES OF MICROBIOLOGY AND ASEPSIS / ☒ PLIED ☐ YES ☐ NO COMMENT:WOUND CLASSIFICATION: ☒ CLEAN ☐ CLEAN/CONTAMINATED ☐ CONTAMINATED ☐ DIRTY

DISCHARGE SUMMARY

PATIENT DISCHARGED TO: HomeTIME: 9/12REPORT TO: L.D. TurnerCONDITION: ☐ INTUBATED ☐ EXTUBATED ☒ AWAKE ☐ ALERT ☐ OTHERMETHOD OF DISCHARGE: ☒ STRETCHER ☐ BED ☐ W/C ☐ CRIB ☐ AMBULATE

COMMENTS:

CIRCULATOR SIGNATURE

RELIEF

How Admitted: Ambulatory  
 From Home  
 Admitting Diagnosis: *Cholecystitis*  
 Date Admitted: *06/06/2000*  
 Arrangements for Discharge: *None*  
 Drug or Food Allergies / Bracelet On: *None*

4:44:557 SDC 06/06/2000  
 ALLEN, NORMAN G  
 27 LINDSEY ST LAWR HA  
 01547 444532 CAT

How Admitted: Ambulatory  
 From Home  
 Admitting Diagnosis: *Cholecystitis*  
 Date Admitted: *06/06/2000*  
 Arrangements for Discharge: *None*  
 Drug or Food Allergies / Bracelet On: *None*

## Nurse's Pre op Checklist:

☒ Identification bracelet correct on patient  
☒ Blood Band on *Consent Signed*  
☒ Patient dressed in snap hospital gown  
☒ Contact Lenses placed  
☒ Eye Glasses placed  
☒ Dentures removed: *partial*  
☒ Loose teeth, caps, bridges  
☒ Jewelry secured with tape  
☒ Describe: *None*  
☒ Thigh high elastic stockings (if indicated)

☒ History and physical on chart  
☒ Pre-operative chest x-ray on chart  
☒ Admission blood work on chart  
☒ Pre-operative EKG on chart  
☒ Consent form signed and dated  
☒ On corner / side rails up  
☒ Prep (if indicated)  
☒ Oriented to SDC unit and safety limitations  
☒ Oriented to pre-operative routines  
☒ Patient verbalizes understanding  
☒ Date L.M.P.

## Medication Inventory

Name of Drug, Dose, Frequency	Time of Last Dose	Name of Drug, Dose, Frequency	Time of Last Dose
<i>see pre-op order interview sheet</i>			

## Comments:

RN Signature

Pre Procedure Care Plan				
Nursing Diagnosis	Intervention	Outcome	Outcome Met	Comments
Knowledge deficit R/T Surgical Procedure	Determine patient's knowledge of surgical procedure and which preop teaching methods done. <input type="checkbox"/> Video <input checked="" type="checkbox"/> Teaching <input type="checkbox"/> Demonstration <input type="checkbox"/> Hand out	Patient demonstrates and verbalizes an understanding of surgical procedure through interactive discussion	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>patient's skills reviewed &amp; pt. demonstrates understanding!</i>
Alteration in level of emotional status Calm <input type="checkbox"/> Anxious <input type="checkbox"/> Crying <input type="checkbox"/> Agitated <input type="checkbox"/>	Encourage patient to verbalize concerns and fears Demonstrate caring and supportive approach	Patient will verbalize and demonstrate decrease in physiologic signs / symptoms of anxiety	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

T *97* P *75* R *12* BP *140/80* *100/70* Diagnostic Tests *Yes*

Physical Assessment	Comments
Skin <input checked="" type="checkbox"/> Warm & Dry <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Other	NNN
Respiratory / Breath sounds <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Diminished <input type="checkbox"/> Other	NNN
Circulatory / Apical Pulse <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Other	NNN
Neurological / level of responsiveness <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Other	NNN
GI GU GYN <input checked="" type="checkbox"/> Abdomen soft <input type="checkbox"/> Distended <input type="checkbox"/> Other	NNN
Endocrine <input type="checkbox"/> Diabetic <input checked="" type="checkbox"/> NA <input type="checkbox"/> Other	NNN

## Comments:

RN Signature

**Post Operative / Phase II Nurses Notes**

Handwritten notes:  $\Delta 20$  and  $\Delta 30$

Graph showing a grid with a vertical line and a horizontal line. The vertical axis is labeled with values 20, 40, 60, 80, 100, 120, 140, 160, 180, 200, 220, 240, 260, 280, 300, 320, 340, 360, 380, 400, 420, 440, 460, 480, 500, 520, 540, 560, 580, 600, 620, 640, 660, 680, 700, 720, 740, 760, 780, 800, 820, 840, 860, 880, 900, 920, 940, 960, 980, 1000. The horizontal axis is labeled with values 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 490, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600, 610, 620, 630, 640, 650, 660, 670, 680, 690, 700, 710, 720, 730, 740, 750, 760, 770, 780, 790, 800, 810, 820, 830, 840, 850, 860, 870, 880, 890, 900, 910, 920, 930, 940, 950, 960, 970, 980, 990, 1000.

Legend:

- RESN ☐
- PULSE ☐
- NSF ☒

POST-PROCEDURE CARE PLAN				
NURSING DIAGNOSIS	INTERVENTION	OUTCOME	OUTCOME MET?	COMMENTS
Alteration in comfort level: due to procedure	1. In Patient know that pain / antiemetic medication is available. Medicate patient as necessary to relieve pain or nauseavomiting Position patient for comfort	Patient will verbalize reduction in pain level to a comfortable level. Patient will verbalize tolerance of nausea or vomiting	YES NO	
Knowledge Deficit I/R/T post-discharge care	Assess patient's ability to learn and learning needs  Explain discharge instructions  Give printed instruction sheet	Patient and / or sponsor will verbalize or express an understanding of post-discharge care	YES NO	

### Den Note Key

#### A. IV Patent V'S 8

**Cong Stable Side**

## Raising the Training To

Report to

8 - DASH via WNC war

INSTRUCTIONS V'S &amp;

Copyright © StatSoft Inc.

**Care Of**

C - Design Criteria Page:

### Anesthesia Phase II

~~RECEIVED SECRET 05~~

—

**RN**

**Index**

**Signature**



mc

[illegible]

### POST-PROCEDURE CARE PLAN

NURSING DIAGNOSIS	INTERVENTION	OUTCOME	OUTCOME MET?	COMMENTS
Alteration in comfort level due to procedure	Let patient know that pain/antiemetic medication is available. Medicate patient as necessary to relieve pain or nausea/vomiting. Position patient for comfort.	Patient will verbalize reduction in pain level to a comfortable level. Patient will verbalize tolerance of nausea or vomiting.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Alteration of Thermoregulation	Take temperature of patient upon arrival. If temperature < 95, shivering is observed, or patient complains of cold, place patient on warming therapy as per PACU procedure.	Patient will maintain temperature of 96.8 degrees or above.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Alteration in level of Emotional Status:  Calm <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Crying <input type="checkbox"/> Agitated <input type="checkbox"/>	Encourage patient to verbalize concerns and fears. Demonstrate caring and supportive approach. Include family/pastorial support when applicable.	Patient will verbalize and demonstrate decrease in physiologic signs/symptoms of anxiety.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

[illegible][illegible]

# Holy Family Hospital and Medical Center

Methuen, Massachusetts

## PRE OPERATIVE ORDERS:

SDC/SURGICAL INPT/OPOR

ALLERGIES (FOOD AND/OR DRUG): ☐ NKA

HEIGHT:

WEIGHT:

DIAGNOSIS(ES)

*Herman Allen*

Date	Order	Ordered	Order Done
6/11/00	Profile #1:		
	CBC	<i>✓</i>	
	BS	<i>✓</i>	
	PT	<i>✓</i>	
	EB	<i>✓</i>	
	UA	<i>✓</i>	
	Chest X-ray on patients 60 or older (must be done within 6 months of surgical date).	<i>✓</i>	
	EKG on patients 40 and older (must be done within 3 months of surgical date).	<i>✓</i>	

OPOR

All testing at the discretion of the surgeon.

Physician

*108 Hawley*

Order Testing RN

Date Completed

*6/11/00*

*Trinity*

*copy*  
*Chambers*

ORDERS CARRIED OUT

(SPACED AREA MUST BE COMPLETED ON ALL ADMISSION ORDERS AND UPDATED AS NECESSARY)

PRF BB4A

Rev: 1/00



**MF 655**

Norman Allen

4146257 SOC 05/06/2000  
ALLISON SHAN C  
1000 BURGUE ST LAUR MA  
F 01 2 314 1047 414532 CAT  
F 01 2 314 1047 414532 CAT  
F 01 2 314 1047 414532 CAT

Diazepam 5mg 1 Bed Time To Sleep

~~Sulfamethoxazole 1 Tab twice daily~~

Acetaminophen/cod #3 1-2 Tab every 4 hrs pain

Trazodone 50mg 1 every day - To sleep <sup>3 pills</sup>

OXycodone 1-2 Tab every 4-6 hrs - Pain <sup>3 pills</sup>

Dilantin 100mg 4 or 5 times  
(Generic phenytoin)

31 Ketorolac 10mg 3 times - Bladder infection + pain

Test all  
6/5/00  
Lact night

Holy Family Hospital  
 Medical Center  
 70 East Street, Methuen, Massachusetts 01844-4597

41462337 SDG 06/06/2000  
 ALLEN, NORMAN G.  
 27 BOURBON ST LAWR HM  
 (978) 687-0156 2Y 11/24/1947 444332 CAT  
 (978) 687-0100 030011AH J  
 2000/20007

### SURGICAL DAY CARE DISCHARGE INSTRUCTIONS

We have prepared the following guidelines to assist you. Please call the Surgical Day Care (978) 687-0156, extension 2525 if you have any questions.

- ☐ You may have some pain. Take your pain medication as suggested by your doctor. If your pain is not relieved by medication, call your doctor.
- ☒ Prescriptions given BACTRIM PERLOXET
- ☐ May use tylenol for your pain
- ☐ Resume your regular medications
- ☐ Dizziness is not unusual after taking pain medication
- ☒ Call for an appointment to see your doctor Appt 2 weeks
- ☐ Check with your doctor in regards to returning to work and other activities
- ☒ Follow your doctor's printed instruction sheet
- ☒ Report the following signs or any questions regarding your physical condition to your doctor **IMMEDIATELY**.
  - a. Excessive swelling in or around your wound area
  - b. Temperature of 101° F or above
  - c. Excessive pain
  - d. Excessive bleeding
  - e. Persistent nausea or vomiting
- ☐ Dressing
  - ☐ May shower ☐ May tub bathe
  - ☐ Keep your dressing dry ☐ Apply cold packs to wound
  - ☐ Do not change your dressing until you see your doctor
  - ☐ Remove your dressing in 24 hours
  - ☐ Other: \_\_\_\_\_

- ☐ In case of an emergency and you are unable to go to your physician, please go to the nearest Emergency Department or call Holy Family Hospital Emergency Department at 978-687-0151.

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Surgeon's Signature

### ANESTHESIA INSTRUCTIONS

1. Discharge to the care of a responsible adult.
2. You may experience lightheadedness, dizziness, and sleepiness following surgery. **PLEASE DO NOT STAY ALONE.** A responsible adult should be with you for this 24 hour period.
3. For the first 24 hours, **DO NOT**
  - a. **DRIVE** or operate dangerous complex machinery
  - b. make important business decisions
  - c. drink alcohol
  - d. if a child, no bicycle riding, skate boards, gym sets, etc.
4. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed, however, it is important to rest for 24 hours following general anesthesia.
5. Progress slowly to a regular diet unless your physician has instructed otherwise. Start with liquids such as soft drinks then soup and crackers, gradually working up to solid foods.
6. If taking pain medications, **DO NOT** take on an empty stomach, drive or drink alcoholic beverages.

\_\_\_\_\_  
 Nurse Signature

\_\_\_\_\_  
 Patient/Parent Signature  
 (understands above instructions)

\_\_\_\_\_  
 Patient's Sponsor Signature

Catholic Charities - A Catholic Health System - Member

White Copy - Patient Canary Copy - Medical Records

## INSURANCE

PCP: N. Naved Taryan

OTHER M.D.: Dr. Thomas Fazio

2. Ge. II, inv. adenoCA 750%  
1/6 LAD (+) multinucleated

PREVIOUS TREATMENT: 1. LAR, cnc. 5F/U. <sup>5F/U 2,</sup>

[illegible]

# RADIATION ONCOLOGY



## FIELD DATA and PHYSICS CALCULATIONS

Date and Initial	Field No.	Energy	Angle of Beam	TSD	Width	Length	Eff. Width	Eff. Length	Depth of Tumor	T.D.	Block- ing Tray Factor	Wedge Angle Wedge Factor	OAF Edge	Equiv. Area ROF	% D.D. TMR	PSF	Norm IVS	MU	Physicist and Check Date
4-21-00 mbs	1	2100C 6MV	↓	92.9	16	21.5	15.3	20.5	7.1	45	.96	-	-	17.3				49	JH
	2/3	2100C 18MV	→ ←	34.1 94.6	13	21.5	11.6	19.2	15.9 15.4	67 68	.97	30 30 .720		16.2 1.046	0.789 0.799		1.032 1.071	109 109	JH 4/24/00
6-2-00 mbs	4/5	2100C 18MV	→ ←	81.1 84.6	9.5	15	(11.1)		15.9 15.4	90 90	.97		99.1 99.1 .982	11.6 1.019	0.787 0.797		1.071 1.071	112 110	JH 6/2/00
6-15-00 mbs	6/9	2100C 18MV	→ ←	84.6 84.6	9.5	9			15.9 15.4 15.4	90 90 90	.97		99.1 99.1 .991	9.2 1.019	0.787 0.797		1.071 1.071	114 119	JH 6/14/00

## ELECTRON CUTOUT ROF

Field No.	TSD	R( ) / R(10 x 10)	ROF RATIO	$\left[ \frac{\text{Vir.} + \text{dmax}}{\text{Vir.} + \text{dmax} + (\text{TSD} - 100)} \right]^2$	CHECK

[illegible]



AP Sep		Lat Sep		Depth	
Field #:	6-7	Field Size:	9.5 x 9	TT:	10.6
2100/800:		Distance:	R/L 24	Chin:	
Beam:	18X	Gantry:	270 / 90	Headrest:	Prone Pillow
Block Tray:	Custom	Collimator:	180°	Table Angle:	180°
Wedge:					
<input type="checkbox"/> Supine <input checked="" type="checkbox"/> Prone <input type="checkbox"/> On <input type="checkbox"/> Side Head Position: <u>straight</u> Arm: <u>around pillow</u> Feet: <u>45° ankles</u> Sponges: Other:					

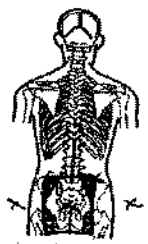
  

AP Sep		Lat Sep		Depth	
Field #:		Field Size:		TT:	
2100/800:		Distance:		Chin:	
Beam:		Gantry:		Headrest:	
Block Tray:		Collimator:		Table Angle:	
Wedge:					
<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> On <input type="checkbox"/> Side Head Position: Arm: Feet: Sponges: Other:					

6-7		1-9		#		PORT DATE		PORT DONE		PORT OK		SHIFT NOTE		CHANGE NTR		TECH INIT		WEEKLY PHYSICS CHECK	
WEDGE	BOLUS	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD	TD
		180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180
		360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360

Date: 4-7-00



AP Sep 18.2 Lat Sep 16x21.5 Depth 10.6

Field #: 1 Field Size: 16x21.5 TT: 10.6

Beam: 6 MV Distance: 93 Chn: —

Block Tray: custom Gantry: 180 Headrest: prone pillow

Wedge: — Collimator: 180 Table Angle: —

☐ Supine ☒ Prone ☐ On Side

Head Position: straight


Arm: by head

Feet: Δ ankles

Sponges: Δ ankles

Other: —

Date: 4-7-00



AP Sep 18.2 Lat Sep 16x21.5 Depth 10.6

Field #: 2-3 Field Size: 13x21.5 TT: 10.6

Beam: 18 MV Distance: 84.5 Chn: —

Block Tray: custom Gantry: 370-90 Headrest: prone pillow

Wedge: 30°/30° Collimator: 270-90 Table Angle: —

☐ Supine ☒ Prone ☐ On Side

Head Position: same


Arm: same

Feet: same

Sponges: —

Other: —

Date: 6/1/00



AP Sep 18.2 Lat Sep 16x21.5 Depth 10.6

Field #: 4-5 Field Size: 9.5x15.0 TT: 10.6

Beam: 15x Distance: 84 Chn: —

Block Tray: custom Gantry: 270/90 Headrest: prone pillow

Wedge: — Collimator: 180 Table Angle: —

☐ Supine ☒ Prone ☐ On Side

Head Position: straight

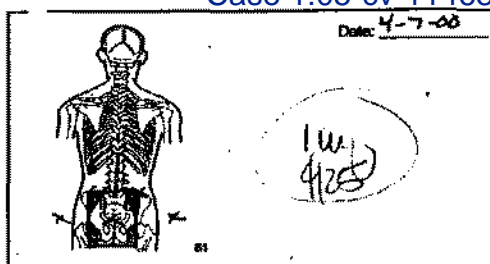
Arm: around pillow

Feet: AS & ankles

Sponges: —

Other: —

WEDGE	BOLUS	TD	TD	TD	TD	TD	FILMS	PORT DATE	PORT DONE	PORT OK	SHIFT NOTE	CHANGE NTR	TECH INIT.	WEEKLY PHYSICS CHECK	WEIGHT PT. 2X/WIC. NOTES	HG	HCT	WBC	PLTS	WEIGHT
30/30	180					PM	4-25	4-24	PAPER	R	146		4-21	C2, K, T2, T3, T1, R	4/13	15.2	44	5.9	168	
30/30	360					ET	-1	4-24	RIGHER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	540						-1	4-25	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	720						-1	4-25	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	900						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1080						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1260						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1440						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1620						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1800						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	1980						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	2160						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	2340						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	2520						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	2700						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	2880						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3060						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3240						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3420						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3600						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3780						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	3960						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	4140						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	4320						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	4500						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	4680						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	4860						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5040						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5220						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5400						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5580						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5760						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	5940						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	6120						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	6300						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	6480						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	6660						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	6840						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7020						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7200						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7380						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7560						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7740						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	7920						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	8100						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	8280						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	8460						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	8640						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	8820						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9000						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9180						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9360						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9540						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9720						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	9900						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10080						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10260						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10440						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10620						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10800						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	10980						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	11160						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	11340						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	11520						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	11700						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	11880						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12060						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12240						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12420						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12600						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12780						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	12960						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	13140						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	13320						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	13500						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	13680						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	13860						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14040						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14220						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14400						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14580						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14760						-1	4-26	PAPER	R	146		4-21	9 Phys	4/13	15.2	44	5.9	168	
30/30	14940						-1	4-26	PAPER	R										



AP Sep 12.2 Lat Sep 16x21.5 Depth 10.6

Field #: 1 Field Size: 16x21.5 TT: 10.6

Beam: 6 MV Distance: 93 Chin: —

Block Tray: custom Gantry: 180 Headrest: praxipillar

Wedge: — Collimator: 180 Table Angle: —

☐ Supine ☒ Prone ☐ On ☐ Side

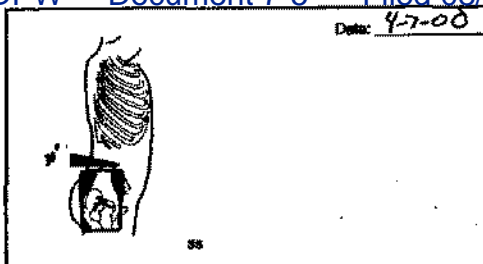
Head Position: straight

Arm: big head

Feet: —

Sponges: 2 ankles

Other: —



AP Sep 31.6 Lat Sep 13x21.5 Depth 10.6

Field #: 2-3 Field Size: 13x21.5 TT: 10.6

Beam: 18 MV Distance: 84.5 Chin: —

Block Tray: custom Gantry: 370-90 Headrest: praxipillar

Wedge: 30/30 Collimator: 370-90 Table Angle: —

☐ Supine ☒ Prone ☐ On ☐ Side

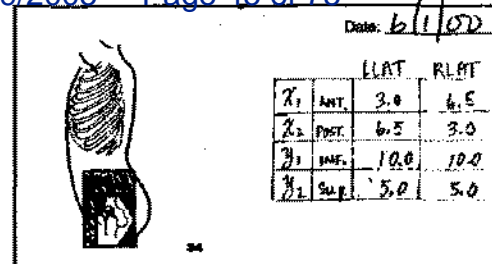
Head Position: same

Arm: —

Feet: —

Sponges: —

Other: —



AP Sep 9.8x15.0 Lat Sep 9.8x15.0 Depth 10.6

Field #: 4-5 Field Size: 9.8x15.0 TT: 10.6

Beam: 18 MV Distance: 81.6 Chin: —

Block Tray: custom Gantry: 270/90 Headrest: praxipillar

Wedge: — Collimator: 180 Table Angle: 180

☐ Supine ☒ Prone ☐ On ☐ Side

Head Position: straight

Arm: around pillow

Feet: —

Sponges: 2 splankles

Other: —

V-5										6/10 5/10/03		WEIGH PT. 2X/WK.		NOTES		HGB		HCT		WBC		PLTS		WEIGHT	
WEDGE	BOLUS	TD	TD	TD	TD	FILMS	PORT DATE	PORT DONE	PORT OK	SHIFT NOTE	CHANGE W/PT	TECH INIT.	WEEKLY PHYSICS CHECK												
20/30	180					42.75	4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	360						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	540						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	720						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	900						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	1080						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	1260						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	1440						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	1620						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	1800						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	2160						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	2340						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	2520						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	2700						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	2880						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3060						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3240						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3420						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3600						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3780						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	3960						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	4140						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	4320						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	4500						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	4680						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	4860						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5040						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5220						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5400						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5580						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5760						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	5940						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	6120						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	6300						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	6480						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	6660						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	6840						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7020						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7200						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7380						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7560						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7740						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	7920						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	8100						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	8280						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	8460						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	8640						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	8820						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9000						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9180						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9360						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9540						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9720						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	9900						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10080						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10260						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10440						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10620						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10800						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	10980						4-24	PAPER R	184			4-21 03, 10, 12, 3, 11	4-21 03, 10, 12, 3, 11	4/13	15.2	44	5.9	168							
20/30	11160						4																		

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Discharge Summary

**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

**RADIATION CALENDAR:** Started 4-25-00 Completed 6-19-00

**DOSE:** Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

Finally, using 18Mv photons and further cone down 9.5x9cm right and left lateral treatment portals covering primary tumor site, patient received a final 360 cGy in 2 fractions over 2 elapsed days. Custom blocking technique was again used for portals. A total of 5400 cGy in 30 fractions over 55 elapsed days was given to primary tumor site.

**A:** Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

**P:** Follow-up in 2 weeks time.

AOP/kl

Cc: Dr. Mandell

Dr. Hurley

Dr. Farzan, Tumor Registry

Dr. Sanz, Dr. Fazio

  
Astrid O. Peterson, MD



**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: January 26, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Initial Evaluation

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**PATIENT ONCOLOGIC PROFILE:** Patient is a 52 year old gentleman referred by Dr. Mandell for discussions regarding post-op radiotherapy following resection for rectal carcinoma.

Patient's history dates to mid 1999 when he noted onset of rectal bleeding and gradual change in bowel habits with change in stool caliber and shape. Patient changed PCP and was seen by Dr. Farzan. With the description of these symptoms he was referred to Dr. Fazio and underwent colonoscopy on 10-20-99. He was found to have a semi-circumferential mass in the rectum with lower edge at 6cm and palpable on digital exam. Biopsies revealed mucinous adenocarcinoma, Grade II. On 12-1-99 patient underwent resection of the primary tumor by low anterior resection. Final histology revealed a grade II invasive adenocarcinoma with greater than 50% mucinous component. Tumor measured 5.5cm in greatest diameter and infiltrated into the perirectal adipose tissue. There was lymphatic and extensive perineural invasion noted. Distal and proximal margins of resection were free of tumor but 1/6 lymph nodes was positive for metastatic carcinoma. Pre-op abdominal and pelvic CT revealed no evidence of metastatic disease outside of the rectal area. Patient had voiding problems post-op and currently has an indwelling Foley catheter. Patient relates that he will undergo prostate surgery on 2-10-00 by Dr. Hurley.

**PAST MEDICAL HISTORY:** 5-7 year history of fibromyalgia, History of seizures which began as adult while he was drinking heavily.

**PRIOR SURGERY:** Thoracotomy in 1994. Benign chest tumor.

**MEDICATIONS:** Dilantin ? 500mg q d. and sleeping pill for which he does not know the name.

**ALLERGIES:** None.

**FAMILY HISTORY:** Patient's father with colon carcinoma and mother with carcinoma, unknown type.

**SOCIAL HISTORY:** Patient is married and lives with his wife. He has 2 adult children, a son age 30 and a daughter age 25. Patient previously worked as a contractor but has been unemployed for many years secondary to his seizure

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name:

ALLEN, NORMAN

ID#:

00-044

Radiation Oncologist:

DOB:

Note:

history. Tobacco: currently 2 packs per day, down from 3-4 packs daily for approximately 30 years. ETOH: Quit one year ago except for an occasional beer, but prior heavy use. Patient does smoke marijuana on occasion.

REVIEW OF SYSTEMS: 20+ pound weight loss both prior to and following surgery (approximately 6 months). Patient has discomfort in the perineal area when sitting. Patient also has discomfort from an indwelling Foley catheter.

O: Pleasant, alert, gentleman weighing 143 pounds at time of examination. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is nontender with no inguinal adenopathy is noted. Rectal exam reveals a very low lying anastomosis within several cm of the anal verge.

A: Stage III, <sup>3</sup>T2N1 mucinous adenocarcinoma of the rectum, S/P low anterior resection. I would recommend consideration of post-op chemotherapy to be followed by combined chemoradiation to decrease the chance of both systemic and locally recurrent disease. The timing of this is somewhat problematic since the patient still has an indwelling Foley catheter and is scheduled for TURP on 2-10-00. This is of some concern since the patient is already 8 weeks out from his low anterior resection and delay in onset of treatment carries a greater risk for locally recurrent disease. I have discussed these issues with Dr. Sanz who will also discuss the timing of chemotherapy and surgery with the patient and with Dr. Hurley. As discussed with the patient, he will receive 2 up front cycles of chemotherapy prior to beginning concurrent chemo and radiation together for treatment of the pelvis and primary tumor site. I have discussed the course of treatment and potential side effects with the patient and his wife who is also in attendance. This will be discussed again when he comes in for follow-up.

P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kj

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD



PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman All  
005-46-4086

Please specify information on applicable items: POSSIBLE MALIGNANCY

Date of first signs of illness: 10/20/99 Date you first examined patient: 1/26/00 Date you most recently examined patient: 5/4/00

DIAGNOSIS (Please specify):

CA of Rectum

1. How was the diagnosis established? Cite diagnostic procedures and findings. Give dates of findings. IMPORTANT: PLEASE INCLUDE COPIES OF PATHOLOGY REPORTS AND/OR OPERATIVE NOTES:

Path reports from Lawrence General H. 12/1/99

2. Unresectable: Yes ☐ No ☒ Incomplete excision? Yes ☐ No ☒  
3. Pertinent Lab Findings with dates (e.g. Hb, HCT, WBC, differentials, bone marrow, etc.)

4. Is there evidence of recurrence of malignancy or distant metastases?  
Yes ☐ No ☒ If "yes", indicate location(s), date and method of documentation:

5. Is the disease adequately controlled with chemotherapy or radiation?  
Yes ☒ No ☐

Therapeutic regimen(s):

	Start Date	Drug or Radiation Administered	Dosage	Frequency of Administration	Ending Date
A.	<u>4/25/00</u>	<u>Radiation</u>	<u>Anticipated 5040-75400</u>	<u>5X/wk.</u>	<u>around</u>
B.		<u>* Only @ 1620 (day now)</u>		<u>→ 2nd wk of 6/00</u>	

6. Describe frequency, severity, and duration of adverse side effects or consequences of chemotherapy, radiation, or surgery:

Diarrhea, decreased blood counts, skin reaction (w. redness, dryness, and possible moist skin reaction), fatigue

7. Plans for further treatment:

Continue current radiation course with infusion Chemoy.

8. Prognosis:

Fair

SIGNATURE: Astrid O. Peterson

PRINT NAME: ASTRID O. PETERSON

DATE: 5/8/00

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: March 29, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

Patient is a 52-year-old gentleman seen for initial consultation on 1-26-00. At that time, he was S/P low anterior resection for a T3N1M0 Grade II invasive adenocarcinoma of the rectum. Tumor had greater than 50% mucinous component and 1/6 lymph nodes were positive for metastatic disease. The patient has since undergone TURP with placement of a cystoscopy catheter. He has received one full cycle of 5FU and is midway through his second cycle.

S: Patient denies difficulty with abdominal pain, diarrhea or rectal bleeding. Patient notes that he will be giving a urine specimen today to rule of infection.

O: On exam, patient's weight is down several pounds to 140 pounds. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is scaphoid, nontender with no organomegaly. No inguinal adenopathy is noted. Patient has an indwelling cystoscopy tube. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence. There is no stool for guaiac.

A: Patient with Stage III, T3N1M0, Grade II invasive adenocarcinoma of the rectum with 50% mucinous component and 1/6 lymph nodes positive for metastatic disease. Patient is completing his second cycle of 5FU chemotherapy and will be having placement of a portacath so that he can receive infusion 5FU chemotherapy during his course of radiotherapy. I have discussed the course of radiation and potential side effects with patient and his wife. Patient does consent to proceed with treatment as currently outlined.

P: Patient will be booked for pelvic simulation next week. He will have opacification of small bowel with barium as well as rectal opacification at the time of simulation. Patient will start his course of treatment between 3-4 weeks post completion of this cycle of chemotherapy.

AOP/kl

Cc: Dr. Mandell  
Dr. Sanz/LGH  
Dr. Hurley  
Dr. Fazio  
Tumor Registry

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: February 28, 2001

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Follow-up

It has been 8 months since the patient completed concurrent 5FU chemotherapy and post-op pelvic radiotherapy following low anterior resection and 2 cycles of up front 5FU chemotherapy for a T3N1M0 Grade II invasive adenocarcinoma of the rectum.

S: Patient was last seen by Dr. Sanz in 9/00 and has missed one follow-up appointment in between. He has had a colonoscopy on 11-16-00 which was normal. He has 10-14 soft bowel movements per day. Unfortunately he continues to have some difficulty with anal continence. He does not take Imodium consistently but notices on the days he does take it. The stool is more formed and has more control. Unfortunately, he continues to smoke 3 packs of cigarettes daily. He also drinks a tremendous amount of coffee and continues to have problems with sleeping.

O: On exam, patient's weight is stable at 142 pounds. There is no peripheral adenopathy. Auscultation of the lungs reveals occasional crackles and no significant wheezing. Abdomen is nontender with no organomegaly. No inguinal adenopathy is noted. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence.

A: Patient now 8 months S/P treatment with no obvious disease recurrence locally or other disease by colonoscopy from 11/00. Unfortunately he has missed his follow-up with Dr. Sanz and I have urged him to make a follow-up appointment and that he should be consistent for follow-ups.

I have stressed the importance of smoking cessation with the patient and his wife. I have told him that unless they both give up smoking at the same time, that I doubt they will be successful. In addition, he drinks a tremendous amount of coffee and this I suspect is adding to his problems with insomnia. I have urged that he switch to decaf coffee.

P: Patient will be seen for follow-up in 6 months.  
AOP/kl

Cc: Dr. Mandell, Tumor Registry  
Dr. Sanz/LGH, Dr. Farzan  
Dr. Hurley, Dr. fazio

  
Astrid O. Peterson, MD

Holy Family Hospital  
and Medical Center**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: July 5, 2000

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Follow-up

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/ki

Cc: Dr. Mandell

Dr. Farzan

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

## **ATTACHMENT F**

**JERRIMACK IMAGING**  
203 TURNPIKE STREET  
NORTH ANDOVER, MASSACHUSETTS 01845

Telephone (978) 557-8518

JOHN P. KEEFE, M.D.  
ALAN G. PRATT, M.D.  
MARK M. BELKIN, M.D.  
RICHARD M. FARACI, M.D.  
MARK GOLDSHEIN, M.D.  
K. ERIC HENRIKSON, M.D.  
DAVID M. NOVICK, M.D.  
BRIAN P. MURPHY, M.D.  
DOMENIC A. ZAMBUTO, M.D.  
WALTHER T. WEYLMAN, M.D.

#248594

January 25, 2000

David Farzan, M.D.  
203 Turnpike Street  
No. Andover, MA 01845

RE: Norman Allen  
2000-0377  
DOB: 11/24/47

X-ray findings films dated 01-24-2000

**REASON FOR EXAMINATION:** PRE-OP CYSTOSCOPY 2-11-00 (DR. HURLEY)

**CHEST:** PA and lateral views of the chest reveal clear lungs with normal cardiac and mediastinal outlines and pulmonary vascular distribution.

**IMPRESSION:** Normal chest. Unchanged from 11-29-99.

Thank you for referring this patient to us.



Walther T. Weylman, M.D.

WTW/bfr  
dbnc  
faxed 01-25-2000 @ 5:42 pm

✓



248596

**MERRIMACK IMAGING**  
203 TURNPIKE STREET  
NORTH ANDOVER, MASSACHUSETTS 01845

Telephone (978) 557-8518

JOHN P. KEEFE, M.D.  
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BRIAN P. MURPHY, M.D.  
DOMENIC A. ZAMBUTO, M.D.  
MARK J. RIEUMONT, M.D.  
RICHARD M. FARACI, M.D.

December 11, 2001

David Farzan, M.D.  
203 Turnpike Street  
No. Andover, MA 01845

RE: Norman Allen  
2001-6120  
P320899  
DOB: 11/24/47

X-ray findings films dated 12-10-2001

**REASON FOR EXAMINATION: PAIN**

**CERVICAL SPINE WITH OBLIQUES:** There is evidence of hypertrophic changes at C6-7 and C5-6. Precervical soft tissue width appears to be unremarkable. No fracture or destructive lesion could be seen.

**IMPRESSION:** Lower cervical degenerative changes.

Thank you for referring this patient to us.

  
Mark M. Belkin, M.D.

MMB/bfr  
dbnc

248596

**MERRIMACK IMAGING**  
203 TURNPIKE STREET  
NORTH ANDOVER, MASSACHUSETTS 01845

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RICHARD M. FARACI, M.D.

December 11, 2001

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203 Turnpike Street  
No. Andover, MA 01845

RE: Norman Allen  
2001-6120  
P320899  
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Thank you for referring this patient to us.



Mark M. Belkin, M.D.



MMB/bfr  
dbnc

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WALTHER T. WEYLMAN, M.D.

#248596

January 25, 2000

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203 Turnpike Street  
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RE: Norman Allen  
2000-0377  
DOB: 11/24/47

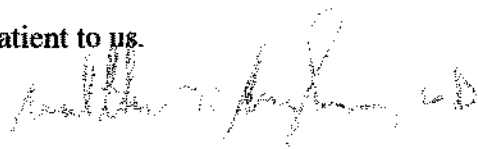
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**IMPRESSION:** Normal chest. Unchanged from 11-29-99.

Thank you for referring this patient to us.



Walther T. Weylman, M.D.

WTW/bfr  
dbnc  
faxed 01-25-2000 @ 5:42 pm



## **ATTACHMENT G**

248596

**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



Charles R. Burke, M.D., F.A.C.S.  
Steven R. Previte, M.D., F.A.C.S.  
Ossama E. Sakr, M.D., F.A.C.S.  
Liam J. Hurley, M.D., F.A.C.S.  
Melissa R. Brown, M.D.

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(978) 686-3677 FAX: (978) 686-9586

SALEM, NH 03079  
23 STILES ROAD  
(603) 883-9050 FAX: (603) 883-5112

DERRY, NH 03038  
44 BIRCH STREET, STE. 302  
(603) 432-9564 FAX: (603) 421-2274

January 21, 2002

David R. Farzan, M.D.  
203 Turnpike Street  
North Andover, MA 01845

Re: Norman Allen  
DOB: 11/24/47

**CONFIDENTIAL**

Dear Dave:

How are you? This is a follow-up on this 54 year old white male who has had colon cancer with positive nodes and underwent chemotherapy. He comes in today complaining of abdominal pain. He states the abdominal pain is in his upper abdomen compared to anywhere else.

**Physical Exam:**

On physical exam he has no abdominal pain or masses that I can appreciate.

**Medications:** Dilantin, Zoloft, Percocet

**Allergies:** He's allergic to Paxil.

**Surgeries:**

He had a TURP on 02/11/00 for bladder outlet obstruction with a suprapubic tube.

**UA:** He currently is voiding well with a post-void residual of only 50 cc.

In addition, he's been complaining of some erectile dysfunction with only a 50% erection.

**Assessment:**

1. Erectile dysfunction
2. rule out urethral stricture

**Plan:**

1. My plan is to do an office cystoscopy to rule out urethral stricture SP tube TURP. His UA today is negative for infection.

**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



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44 BIRCH STREET, STE. 302

(603) 432-9564 FAX: (603) 421-2274

David R. Farzan, M.D.

January 21, 2002

Page 2

Re: Norman Allen

DOB: 11/24/47

2. I've prescribed Viagra for him and gone over the side effects including visual disturbances, acid indigestion, headache, nasal congestion and skin flushing.

He will follow-up with me once the office cysto is scheduled.

Sincerely,

Liam J. Hurley, M.D.

LJH:cb



**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



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November 16, 1999

David R. Farzan, M.D.  
203 Turnpike Street  
North Andover, MA 01845

Re: Allen Norman  
DOB: 11/24/47

248596

Dear Dave,

How are you? This is a 51-year-old white male who developed rectal bleeding and a possible hemorrhoid, who on physical exam was found to have a rectal mass.

He underwent and endoscopy by Dr. Farzio and was found to have a rectal carcinoma. He's now due to have a rectal procedure per Dr. Mandel and is going to require ureteral stents.

PAST MEDICAL HISTORY: Significant for epilepsy.

PAST SURGICAL HISTORY: Lung surgery for a benign mass.

MEDICATIONS: Dilantin.

ALLERGIES: Nothing.

REVIEW OF RECORDS: Negative for MI, COPD, liver disease or diabetes.

SOCIAL HISTORY: Negative for prostate cancer. He's father did have colon cancer. Also positive for cigarette smoking. He did have ETOH abuse, but quit four years ago.

PHYSICAL EXAMINATION: Lungs clear A&P. Heart rate regular rate and rhythm. Abdomen is soft and nontender.

W

**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



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David R. Farzan, M.D.

November 16, 1999

Page 2

Re: Allen Norman

DOB: 11/24/47

248596

**GU EXAMINATION:** Testes are bilaterally descended without masses. He has no evidence of hernia.

**PROSTATE EXAMINATION:** +1 to +2 enlarged without nodules. He's guaiac-negative at this point. I was unable to feel any rectal mass at this point.

**ASSESSMENT:** Rectal cancer.

**PLAN:** Is to do a possible colonic pull-through, which is going to require preoperative ureteral stent placement.

I will be involved with this and I will certainly help in any way I can.

Sincerely,

Liam J. Hurley, M.D.

LJH:cs

cc: Jonathan D. Mandell, M.D.

**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



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November 16, 1999

248596

David R. Farzan, M.D.  
203 Turnpike Street  
North Andover, MA 01845

Re: Alan Norman  
DOB: 11/24/47

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**Northeast Urologic Surgery, P.C.**

*Pediatric and Adult Urology*



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David R. Farzan, M.D.

November 16, 1999

Page 2

Re: Alan Norman

DOB: 11/24/47

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I will be involved with this and I will certainly help in any way I can.

Sincerely,

Liam J. Hurley, M.D.

LJH:cs

cc: Jonathan D. Mandell, M.D.

## **ATTACHMENT H**



Boston University  
School of Medicine

ALLEN, Norman

992579

BU MEDICAL GROUP-ARTHRITIS

Robert Simms, M.D.

July 13, 1999

This is a return visit for Mr. Allen <sup>fibro-</sup>for myalgia syndrome and depression.

Since his last visit Mr. Allen reports worsening generalized pain, especially over the lateral aspect of the hips, but also in the knees and feet, he has pain in his hands in fact he reports pain all over per daily. He also reports many symptoms of depression including poor appetite, difficulty sleeping for more than two hours, continuously he feels down and depressed, poor concentration and has little enjoyment of virtually any aspect of his life. In addition the patient reports over the past six weeks intermittent bloody stools. He reports that it is bright red blood on the surface of his stools but this is the first time he has had this problem.

Medications: Dilantin 500 mg q.d., Paxil 30 mg q.d., amitriptyline 20 mg at h.s., salsalate 1.5 mg b.i.d., Neurontin 300 mg t.i.d. and Ambien 5 mg at h.s.

On examination the blood pressure was 100/64. The weight was 150 pounds (this is unchanged). Musculoskeletal examination shows completely normal joints. There was no significant tenderness or deformity.

Impression: The patient's chronic pain syndrome/fibromyalgia syndrome appears to be associated with significant worsening of his depression. He also gives a history of lower gastrointestinal bleeding the etiology of which is unclear.

At this time I have recommended that Mr. Allen discontinue Paxil and that he begin Effexor at 75 mg q.d. to start. This should almost certainly be increased to a total of 150 mg daily. Also he will require additional evaluation of his lower gastrointestinal bleeding. I urged Mr. Allen to follow-up with Dr. Kelly in this regard. We also discussed the importance of a psychiatric evaluation and I indicated that this may very well be helpful in further management of his significant depression.

Boston University Medical Group  
Doctors Office Building  
720 Harrison Avenue  
Boston, MA 02118-2393  
Tel. (617) 638-7460  
Fax (617) 638-7454

**RHEUMATOLOGY SECTION**

Joseph H. Korn, M.D.  
Chief

Robert W. Simms, M.D.  
Clinical Director

David T. Felson, M.D., MPH

Robert A. Lafyatis, M.D.

Caryn A. Libbey, M.D.

Timothy E. McAlindon, M.D., MPH

Peter A. Merkel, M.D., MPH

Martha Skinner, M.D.

Melynn Nuite, R.N.

*Robert Simms*  
Robert Simms, M.D.

CC: Michael Kelly, M.D.

34 Haverill Street

Lawrence, MA 01841

BOSTON UNIVERSITY MEDICAL CENTER

Boston Medical Center  
Boston University School of Medicine  
Boston University School of Public Health  
Boston University Henry M. Goldman School of Dental Medicine



ALLEN, NORMAN

#992579

BU MEDICAL GROUP - Arthritis

Donough Howard, M.D.

ATT: Robert W. Simms, M.D.

March 31, 1998


This is the first visit for Mr. Allen, who has been complaining of pain and stiffness in his neck, both upper limbs, both feet, and occasionally in his low back. He describes this as going on for the past two years and getting progressively worse over that time. His symptoms, he feels, are worse in the morning-time, when, on waking up, he feels achy all over. He has not at any stage noticed any joint or soft-tissue swelling. He denies any associated rash or any dry eyes. He denies any numbness in any limbs; and, while he has noticed some decrease in muscle strength over recent years, which he attributes to disuse, he denies any definitive localized myopathy.

In recent months, Mr. Allen also reports that he has been having severe difficulty sleeping. He usually goes to bed at about 11:00 P.M. but finds that he sleeps for only 1-2 hours, despite repeatedly trying to go back to sleep. He usually gets up at about 2:00 A.M. and remains up for the rest of the day. He finds that he is tired throughout the day, napping occasionally. On further questioning, he also reveals that he has been feeling very low lately. He admits to not getting pleasure out of anything. His appetite has decreased in recent months, and he admits that he feels that he is feeling significantly depressed. He denied any suicidal ideation or intent.

The past medical history is significant for a seizure disorder. His last seizure was two months ago. Of note, he continues to drive a car intermittently, despite medical advice to the contrary. He also has a history of heavy alcohol intake; however, he stopped drinking one year ago, he tells me. Prior to this, he drank 30-40 bottles of beer per day. In the past, Mr. Allen has had numerous attendances at hospitals following cuts, bruises, and concussions. He feels that these were partly related to his alcohol intake and, on some occasions, related to his seizure disorder.

Social History: Mr. Allen is a 50-year-old married gentleman. He owned his own construction company prior to 1990; however, since then, he has been living on Disability. He feels that this has been a further factor in his ongoing depression.

The family history was noncontributory.



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On review of systems, he complains of intermittent headaches and lack of libido. His weight has remained stable.

On examination, vital signs were stable. Blood pressure was 100/70, weight was 154 lbs., and heart rate 72 and regular. Cardiovascular examination was essentially normal. On respiratory examination, there were scattered crackles in both bases, with a prolonged expiratory phase. Abdominal examination was normal. On musculoskeletal examination, examination of the joints of the upper limbs was essentially normal. There was, however, mild tenderness over the trapezii bilaterally. Neck movements were decreased in all directions. There were no tenderness or trigger points elicited on examination of the rest of the back. Low back examination was normal, with straight leg raising to 80 degrees. On examination of the lower limbs, examination of the joints was essentially normal. On examination of his feet, there was evidence of moderate fallen arches bilaterally. Neurological examination was essentially normal apart from a small area of paresthesia over the right maxillary region.

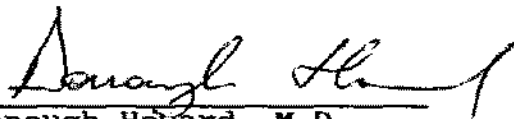
Our impression was that Mr. Allen has evidence of a chronic pain-fibromyalgia type syndrome. We feel that this is related to his significant depression. The other possibility with this type of presentation in a man would be that of a sleep apnea syndrome. This would seem unlikely in Mr. Allen's case; however, this will be kept in mind in the future, should his symptoms not improve.

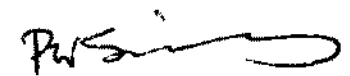
We had a long talk with the patient today and advised him about the nature of his condition and the need to get his depression under better control primarily. We have, therefore, advised him to increase his dose of Paxil from 20 mg. q daily to 30 mg. q daily. We have also advised him about the benefits of an aerobic-type exercise program. We have also advised him against driving his car and plan to see him back in the clinic in six weeks' time. We also felt that he may benefit from a referral to a Psychiatrist for further management of his depression. We mentioned this to the patient, who was agreeable with this. No formal arrangement has been made for follow-up here, as he feels that he would like to arrange this through his primary care doctor, Dr. Kelly.

The above history and examination were performed jointly by myself

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and Dr. Simms; and the patient care plan was formatted jointly by myself, Dr. Simms, and the patient.

  
Donough Howard, M.D.  
Fellow in Rheumatology

  
Robert W. Simms, M.D.  
Attending Physician  
in Rheumatology

cc: Michael Kelly, M.D.  
34 Haverhill Street  
Lawrence, MA 01841

DH/jmz

ALLEN, Norman

MR#: 992579

BU MEDICAL GROUP - RHEUMATOLOGY

Robert Simms, M.D.

July 27, 1998

This is a return visit for Mr. Allen with fibromyalgia syndrome.

Since his last visit, Mr. Allen reports that he's had continued problems with his left shoulder with episodic dislocation. This most recently occurred this morning while stretching while getting out of bed. Despite this, he's had overall improvement in his fibromyalgia syndrome with some improvement in sleeping, although he still has considerable difficulty with sleep.

His medications are Dilantin 500 mg q day, Neurontin 300 mg tid, Salsalate 1.5 gm bid, Paxil 30 mg q d and Amitriptyline 10 mg at hs.


On examination, the blood pressure was 94/58 and the weight was 147. The musculoskeletal examination showed tenderness at the extreme of range of motion of the left shoulder, but no clear mechanical instability. There were multiple soft tissue tender points. Remainder of the examination was normal.

Impression: Fibromyalgia syndrome with some improvement. Recurrent dislocation of the left shoulder. This likely requires further orthopedic evaluation, although this is non-urgent, especially given the patient's 20 year history of recurrent dislocation. I suggested for the time being that Mr. Allen increase his Amitriptyline to 20 mg at hs. He will continue with physical therapy and discuss with his primary physician possibly discontinuing Neurontin. We will plan to see him back in approximately three months.

  
Robert Simms, M.D.

RS/bg

Cc: Michael Kelly, M.D.  
34 Haverhill Street  
Lawrence, MA 01841



ALLEN, Norman

992579

BU MEDICAL GROUP - ARTHRITIS

John Carey, M.D.  
Robert Simms, M.D.

May 26, 1998

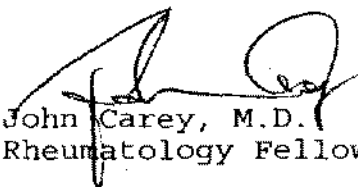
This is a follow-up for this 50-year-old gentleman with fibromyalgia syndrome. He's had no change in his fatigue or myalgias or energy level. He has some intermittent neck pain. He also has some clicking in his jaw occasionally when chewing. He also complains of left shoulder anterior dislocation from a previous injury in his 20's. He's taking his medicines as prescribed. Lastly, he complains of some decreased hearing in his ears and some ringing in his left ear which has been going on for at least a couple of years.


MEDICATIONS: Dilantin 500 mg a day, Paxil 30 mg a day, Neurontin 300 mg three times a day, Salsalate 1.5 grams twice a day.

Exam reveals a thin gentleman in no distress. Blood pressure 108/70, weight 151 pounds. There's no adenopathy. All joints have normal range-of-movement without synovitis. He has diffuse musculoskeletal tenderness. He has poor dental hygiene with several caries on examination of his dental area. Neck has normal range-of-movement. There are no rashes, nodules or topi. Left auriscopy is normal. Right auriscopy reveals some impacted wax. test reveals some mild decrease in hearing in both ears.

Overall impression is fibromyalgia and depression. Appears unchanged. On the order to tinnitus, it is very unlikely for aspirin medications to cause unilateral tinnitus, however, it may be exacerbating it. The plan at this point is that we recommend that he stop the Salsalate, start Amitriptyline 10 mg q h.s. and have advised him to follow-up with his own doctor for his decreased hearing and also he can put some drops of paraffin oil or cooking oil into his ear once or twice a day for several weeks to help relieve the impacted wax. He will return to clinic in the next 2 months and continue with his exercises.

Dr. Robert Simms was present for the key points of the history and physical and the plan was formatted together.

  
John Carey, M.D.  
Rheumatology Fellow

  
Robert Simms, M.D., Attending Physician

ALLEN, Norman / Pg. 2  
#992579  
May 26, 1998

JC/pi

CC: Michael Kelly, M.D.  
34 Haverhill Street  
Lawrence, MA 01841



ALLEN, Norman

11-24-47

992579

BU MEDICAL GROUP - Rheumatology

Robert Simms, M.D.

October 26, 1998

This is a return visit for Mr. Allen with fibromyalgia syndrome.


Since his last visit Mr. Allen reports no significant change in his musculoskeletal symptoms. He continues to have generalized achiness and fatigue with significant sleep disturbance, sleeping no more than about 2 hours at a time. He has also continued to have difficulty with his left shoulder dislocation. He has indicated that the orthopedic surgeon who he has seen in the past would like an X-ray of his shoulder in the dislocated position, although Mr. Allen is reluctant to wait for the time it takes to get an X-ray when he is uncomfortable with his shoulder dislocated.

Medications are Dilantin 500 mg q.d., Neurontin 300 mg t.i.d., salsalate 1.5 mg b.i.d., Paxil 30 mg q.d., and amitriptyline 20 mg at h.s.

On examination, the musculoskeletal examination as before showed pain at the extreme of range of motion of the left shoulder, and there were multiple soft tissue tender points as before.

Impression: Fibromyalgia syndrome with continued significant sleep disturbance and fatigue, and chronic recurrent dislocation of the left shoulder.

At this time I have recommended that Mr. Allen increase his amitriptyline to 30 mg at h.s. and have recommended a return visit in approximately 3 months time.

  
Robert Simms, M.D.

RS/amy  
10/28/98

CC: Michael Kelly, M.D., 34 Haverhill St., Lawrence, MA 01841

## **ATTACHMENT I**

Howard P. Taylor, M.D.  
254 Pleasant Street  
Methuen, MA 01844

(Tel) 508 683-8129  
(FAX) 508 686-1126

July 24, 1997

NORMAN ALLEN

CHIEF COMPLAINT: I saw Mr. Allen on July 24, 1997. Mr. Allen is forty-nine years old and right handed. He is unemployed. He has a history of seizures. He has a problem with his left shoulder.

PRESENT HISTORY: He tells me he first dislocated his left shoulder in his twenties. He was boxing. He has dislocated it many times since then; approximately six times in the past week. He thinks he has also dislocated his right shoulder, but the left is troubling him more now. He thinks believes that it comes out anteriorly.

PAST HISTORY: He has a history of seizures. He has had lung surgery.

ROS: No other complaints. He has multiple joint pains.

SOCIAL HISTORY: He is married with two children and has an eighth grade education.

EXAMINATION: On examination he is a well developed, well nourished male. Examination of his shoulders reveals full range of motion but he has marked apprehension at the left shoulder as I flex, abduct, and externally rotate. He has a normal sensation about the shoulder.

COMMENT: I explained to him that it's absolutely necessary that we get an xray of the shoulder out.

TREATMENT: I told him that the next time this happens he should quickly get over to the hospital and get an xray. When that happens he is to call me, and I will arrange for him to have this surgery.

Howard P. Taylor, M.D.

HPT: ji/7-97

cc: G.L.F.H.C.  
34 Newhall St

*HTP*

## **ATTACHMENT J**

2485910  
Dated

**Seacoast Hospice**

Serving Rockingham and Strafford Counties with Offices in:

10 Hampton Road  
Exeter, NH 03833

1039 Islington Street #202  
Portsmouth, NH 03801

642 Central Avenue  
Dover, NH 03820

[info@seacoasthospice.org](mailto:info@seacoasthospice.org)

**1-800-416-9207**

[www.seacoasthospice.org](http://www.seacoasthospice.org)

**Date:** 5/15/02

**Patient Name:** Norman Allen

Dear Dr. Farzan:

Your patient was reviewed at our Seacoast Hospice Interdisciplinary meeting today. He will be reviewed again on 5/29/02 and we invite you or a member of your staff to attend.

**DIAGNOSIS:** Colon Ca/Liver Mets

**Problems/Concerns Identified by Our Team:**

**NURSING:**

**COMFORT/PAIN:** Duragesic patch increased to 350 mcg, change q 48 hours, continue with Roxicodone 20 mg/ml, 90 mg q 1 hour BT pain.

**RESP/CARDIAC:** BP 132/88, R 16, no distress, P 88 and regular, LS greatly diminished, has productive cough. Continues to smoke.

**GI:** N/V almost daily, sips fluids only, anorexic, DAB supp tid(PRN)

**G.U.:** Denies any problem, urinating at present time.

**MOBILITY:** Up ad lib.

**NEURO/M.S:** A&O, general weakness.

**SKIN INTEGRITY:** Remains intact. Warm, very dry.

**COPING ISSUES:** Has supportive family, wife, daughter-in-law, daughters Ruth, Kristin, Tammi

**CNA COORDINATOR:** Patient declines hospice nursing Assistant visits at present.

**VOLUNTEER:** Per SW, patient and family resistant to too many people. Vol. Will not be assigned, following via IDT.

**SOCIAL WORK:** SW will continue to support patient's spouse re: issues of anticipatory grieving.

**BEREAVEMENT:** No change in bereavement plan of care, monitor via IDT.

**PASTORAL CARE:** No request received for spiritual care.

**MEDICAL DIRECTOR:** Continue to follow via IDT for symptom control issues.

Sincerely,

  
Julie Steckbeck, RN, CHPN  
Clinical Program Manager